

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90097 024 ****61.25

DOCUMENT # N95000004861

1. Entity Name

BARBARA C. ALTMAN CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

2101 CORPORATE BLVD
 STE 107
 BOCA RATON FL 33431

2101 CORPORATE BLVD
 STE 107
 BOCA RATON FL 33431-7319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0619058

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TESCHER, DONALD R
2101 CORPORATE BLVD
STE 107
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	IZZO, LORI ANN
STREET ADDRESS	3 CENTERBROOK DR
CITY-ST-ZIP	FARMINGTON CN 06032
TITLE	D <input type="checkbox"/> Delete
NAME	TESCHER, DONALD R
STREET ADDRESS	2101 CORPORATE BLVD- STE 107
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	D <input type="checkbox"/> Delete
NAME	CHAVES, ROBERT A
STREET ADDRESS	2101 CORPORATE BLVD- STE 107
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	D <input type="checkbox"/> Delete
NAME	RUBIN, CHARLES D.
STREET ADDRESS	2101 CORPORATE BLVD- STE 107
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06 **562-998-7877**
 Date Daytime Phone #