

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90149 021 \*\*\*\*61.25

**DOCUMENT # N95000005191**

1. Entity Name

**THE MARION AND LOUIS GROSSMAN FOUNDATION, INC.** ✓

Principal Place of Business

2717 NORTH OCEAN BOULEVARD  
 TOWNHOUSE #2  
 BOCA RATON FL 33431

Mailing Address

2717 NORTH OCEAN BOULEVARD  
 TOWNHOUSE #2  
 BOCA RATON FL 33431

975733



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10 Beachside Drive

Apt 302

Orchid, FL

32963

Indian River

4. FEI Number

65-0630576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

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

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
 min. will be \$236.25.

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 ☐ Delete  
 NAME D  
 STREET ADDRESS GROSSMAN, MARION J.  
 CITY-ST-ZIP 2717 N OCEAN BLVD., TOWNHOUSE #2  
 BOCA RATON FL

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS GROSSMAN, ROBERT  
 CITY-ST-ZIP 7782G FISHER ISLAND DR  
 FISHER ISLAND FL

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS GROSSMAN, ETHAN  
 CITY-ST-ZIP 1016 E WORTHINGTON  
 CHARLOTTE NC

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS GROSSMAN, CARY  
 CITY-ST-ZIP 140 WEST INDUSTRY COURT  
 DEERPARK NY

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 10 Beachside Drive, Apt 302  
 CITY-ST-ZIP Orchid, FL 32963

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 410 Southern Container  
 CITY-ST-ZIP 115 Engineers Road  
 Hauppauge NY 11788

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 410 Southern Container  
 CITY-ST-ZIP 115 Engineers Road  
 Hauppauge NY 11788

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(i), 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

CR2E037 (4/02)