

2000 UNIFORM BUSINESS REPORT (UBR)

0038393

DOCUMENT # N95000006025

1. Entity Name

HOLLANDER BROTHERS FOUNDATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -3 AM 10:35

Principal Place of Business

Mailing Address

3109 STIRLING ROAD
SUITE 200
FT. LAUDERDALE FL 33112

3109 STIRLING ROAD
SUITE 200
FT. LAUDERDALE FL 33312-6558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0632111

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLANDER, WALTER J
3109 STIRLING ROAD
SUITE 200
FT. LAUDERDALE FL 33112

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **HOLLANDER, WALTER J**
STREET ADDRESS **3109 STIRLING RD., SUITE 200**
CITY-ST-ZIP **FT. LAUDERDALE FL 33112**

TITLE Change Addition
NAME **4000003165254--4**
STREET ADDRESS **-03/10/00--01010--020**
CITY-ST-ZIP *******61.25 *****61.25**

TITLE **D** Delete
NAME **HOLLANDER, DAVID G**
STREET ADDRESS **3109 STIRLING RD., SUITE 200**
CITY-ST-ZIP **FT. LAUDERDALE FL 33112**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **ABRAHAM, RONALD D**
STREET ADDRESS **2699 STIRLING RD. SUITE B-100**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/00

(954) 962-9700

CR2E037 (9/99)