

FILED
Jun 18, 2004 8:00 am
Secretary of State


5/25.

05-25-2004 90002 043 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95-000006041

1. Entity Name
 SAMUEL H. & IRA B. BORN FOUNDATION, INC.



DO NOT WRITE IN THIS SPACE

66428494

2. Principal Place of Business
 354 EAGLE DR
 Suite, Apt. #, etc.

3. Mailing Address
 354 EAGLE DR
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 JUPITER, FL

City & State
 JUPITER, FL

Zip
 33477

Country

Zip
 33477-4066

Country

4. FEI Number
 65-0659157

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
 IRA B. BORN

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

City
 JUPITER

FL

Zip Code
 33477

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] DATE 5/15/04

(NOTE: Registered Agent signature required when reinstating)

10. OFFICERS AND DIRECTORS

FREE IS \$61.25
 Initial or Amended UBR

9. Election Campaign Financing
 Trust Fund Contribution \$5.00 May Be Added to Fees

Make Check Payable to
 Florida Department of State

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PTD	IRA B. BORN	354 EAGLE DR	JUPITER, FL 33477
SD	ELAINE S. BORN	354 EAGLE DR	JUPITER, FL 33477
D	DOUGLAS SELWYN	2322 MASTERS LAND	MISSOURI CITY, TX 77459

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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 on an attachment with an address, with all other like empowered.

SIGNATURE [Signature] DATE 6/15/04 DAYTIME PHONE # 561-746-2321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)