

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 27, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000000675**1. Entity Name  
**THE FLECK FAMILY FOUNDATION, INC.**

Principal Place of Business 1800 SECOND STREET SUITE 799 SARASOTA FL 34236	Mailing Address 1800 SECOND STREET SUITE 799 SARASOTA FL 34236
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2. Principal Place of Business 289 GREENWICH AVENUE	3. Mailing Address 289 GREENWICH AVENUE
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Suite, Apt. #, etc. 2ND FLOOR	Suite, Apt. #, etc. 2ND FLOOR
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City & State GREENWICH CT	City & State GREENWICH CT
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Zip 06830	Country	Zip 06830	Country
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4. FEI Number <b>65-0729738</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  FLECK AARON 1800 SECOND STREET SUITE 799 SARASOTA FL 34236	7. Name and Address of New Registered Agent  Name FLECK AARON Street Address (P.O. Box Number is Not Acceptable) 340 SOUTH PALM AVENUE #123 City SARASOTA FL Zip Code 34236
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	07/27/2001 <small>DATE</small>
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(NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLECK LISA 1800 SECOND ST, STE 799 SARASOTA FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLECK LISA 289 GREENWICH AVENUE GREENWICH CT 06830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENDLINGER PAMELA FLECK 1800 SECOND ST, STE 799 SARASOTA FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENDLINGER PAMELA FLECK 289 GREENWICH AVENUE GREENWICH CT 06830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLECK KATHRYN E 1800 SECOND ST, STE 799 SARASOTA FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLECK KATHRYN E 289 GREENWICH AVENUE GREENWICH CT 06830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FLECK BARBARA 1800 SECOND ST, STE 799 SARASOTA FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FLECK BARBARA 289 GREENWICH AVENUE GREENWICH CT 06830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FLECK AARON H 1800 SECOND ST, STE 799 SARASOTA FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FLECK AARON H 340 SOUTH PALM AVENUE SARASOTA FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> AARON H. FLECK	PTD	07/27/2001
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)