

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000000892**

1. Entity Name

THE OKUN FAMILY FOUNDATION, INC.

Principal Place of Business

5500 N.W. 2ND AVE., #425
BOCA RATON FL 33487

Mailing Address

5500 N.W. 2ND AVE., #425
BOCA RATON FL 33487-3814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0749122

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

DONOFF, CRAIG
6100 GLADES ROAD, SUITE 204
BOCA RATON FL 33434

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	OKUN, HYMAN W	5500 N.W. 2ND AVE., #425	BOCA RATON FL 33487	<input type="checkbox"/>
ST	OKUN, FLORENCE P	5500 N.W. 2ND AVE., #425	BOCA RATON FL 33487	<input type="checkbox"/>
VPD	OKUN, JAY P	5500 N.W. 2ND AVE., #425	BOCA RATON FL 33487	<input type="checkbox"/>
VPD	ROWAT, RITA WINONA	5500 N.W. 2ND AVE., #425	BOCA RATON FL 33487	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED**Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90045 024 ****61.25

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DO NOT WRITE IN THIS SPACE