

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91742 001 \*\*\*\*61.25

DOCUMENT # N97000000892

1. Entity Name

THE OKUN FAMILY FOUNDATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
28 HARRISON AVE

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
SUITE 201

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ENGLISHTOWN NJ

City & State

4. FEI Number 65-0749122

Applied For  
Not Applicable

Zip  
07726

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DONOFF, CRAIG

Street Address (P.O. Box Number is Not Acceptable)  
6100 GLADES ROAD SUITE 204

City BOCA RATON

FL

Zip Code  
33433

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

FEE 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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME JAY P. OKUN  
STREET ADDRESS 28 HARRISON AVE SUITE 201  
CITY - ST - ZIP ENGLISHTOWN NJ 07728

TITLE T  
NAME RITA WINONA ROWAT  
STREET ADDRESS 2605 ELLENTOWN RD  
CITY - ST - ZIP LA JOLLA CA 92037

TITLE T  
NAME FLORENCE OKUN  
STREET ADDRESS 401 E LINTON BLVD APT 357  
CITY - ST - ZIP DELRAY BEACH FL 33483

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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:

JAY P. OKUN

732-446-8750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #