

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90075 044 \*\*\*\*61.25

**DOCUMENT # N97000001588**

1. Entity Name

**LEONARD J. AND ETHEL H. SMITH CHARITABLE FOUNDAT**

Principal Place of Business

451 IVES DAIRY ROAD  
 APT 202  
 NORTH MIAMI BEACH FL 33179

Mailing Address

451 IVES DAIRY ROAD  
 APT 202  
 NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

947 TIVERTON AVENUE

Suite, Apt. #, etc.

362

City & State

City & State

LOS ANGELES, CALIFORNIA

Zip

Country

Zip

Country

90024-3012

U.S.A

4. FEI Number

65-0743750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ADAMS, FRANK T ESQ  
 825 41ST ST  
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name ADAMS, FRANK T, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
 KATZ, BARRON, SQUIERO & FRUST, P.A.

100 N.E. THIRD AVE. SUITE 280

City FT. LAUDERDALE

FL

Zip Code  
 33301

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

TITLE D ☐ Delete  
 NAME SMITH, LEONARD J  
 STREET ADDRESS 451 IVES DAIRY RD, APT 202  
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE D ☐ Delete  
 NAME SMITH, ETHEL H  
 STREET ADDRESS 451 IVES DAIRY RD, APT 202  
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE D ☐ Delete  
 NAME SMITH, NEIL J  
 STREET ADDRESS 36 LONG VIEW DRIVE  
 CITY-ST-ZIP GREEN BROOK NJ 08812

TITLE D ☐ Delete  
 NAME BUCKLEY, GAIL SASS  
 STREET ADDRESS 1814 PREUSS ROAD  
 CITY-ST-ZIP LOS ANGELES CA 90035

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
 NAME SMITH, LEONARD J.  
 STREET ADDRESS 947 TIVERTON AVE., APT. 362  
 CITY-ST-ZIP LOS ANGELES, CA 90024-3012

TITLE D ☒ Change ☐ Addition  
 NAME SMITH, ETHEL H.  
 STREET ADDRESS 947 TIVERTON AVE., APT. 362  
 CITY-ST-ZIP LOS ANGELES, CA 90024-3012

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01

Date

319/208-2468

Daytime Phone #

CR2E037 (10/00)