

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001588

1. Entity Name

LEONARD J. AND ETHEL H. SMITH CHARITABLE FOUNDATION, INC.

Principal Place of Business

451 IVES DAIRY ROAD
APT 202
NORTH MIAMI BEACH FL 33179

Mailing Address

947 TIVERTON AVENUE
362
LOS ANGELES CA 90024-3012

2. Principal Place of Business

947 TIVERTON AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
362

City & State

LOS ANGELES, CA 90024

Zip

90024-3012

Country

U.S.A.

Zip

Country

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
KATZ, BARRON, SQUITERO & FAUST, PA
100 NE THIRD AVENUE, SUITE 280
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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 \$61.25

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
NAME SMITH, LEONARD J
STREET ADDRESS 947 TIVERTON AVENUE APT 362
CITY-ST-ZIP LOS ANGELES CA 90024-3012 ☐ Delete

TITLE D
NAME SMITH, ETHEL H
STREET ADDRESS 947 TIVERTON AVENUE APT 362
CITY-ST-ZIP LOS ANGELES CA 90024-3012 ☐ Delete

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

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

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

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

TITLE ☐ Change ☐ Addition
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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

LEONARD J. SMITH 4/17/03 (310) 208-2468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

002900

FILED

03 APR 28 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE