

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90902 014 \*\*\*\*61.25

**DOCUMENT # N97000003059**

1. Entity Name  
**THE SAMUEL AND ANNA MARION CHARITABLE FOUNDATION**

Principal Place of Business <b>5840 BRIDLEWAY CIRCLE BOCA RATON FL 33496</b>	Mailing Address <b>5840 BRIDLEWAY CIRCLE BOCA RATON FL 33496-3213</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>31-1538384</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State	City & State	Zip	Country

**6. Name and Address of Current Registered Agent**  
**HCRM CORP**  
**2200 CORPORATE BLVD NW STE 401**  
**BOCA RATON FL 33431**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARION, SAMUEL</b> <b>5840 BRIDLEWAY CIRCLE</b> <b>BOCA RATON FL 33496</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARION, ANNA</b> <b>5840 BRIDLEWAY CIRCLE</b> <b>BOCA RATON FL 33496</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAPLAN, RICKY S</b> <b>1460 RT 8 NO STE 203</b> <b>WOODBRIEGE NJ 07095</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARION, LESTER</b> <b>8800 BELLWOOD ROAD</b> <b>BETHESDA MD 20817</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARION, ROBERT</b> <b>322 SOUTHBERRY AVENUE</b> <b>MAMRANECK NY 10543</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date Daytime Phone #

CR2E037 (9/99)