

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000003059**

1. Entity Name

**THE SAMUEL AND ANNA MARION CHARITABLE FOUNDATION**

Principal Place of Business

**5840 BRIDLEWAY CIRCLE  
BOCA RATON FL 33496**

Mailing Address

**5840 BRIDLEWAY CIRCLE  
BOCA RATON FL 33496-3213**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**31-1538384**

Applied For

Not Applicable

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****HCRM CORP  
2200 CORPORATE BLVD NW STE 401  
BOCA RATON FL 33431**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARION, SAMUEL</b>	
STREET ADDRESS	<b>5840 BRIDLEWAY CIRCLE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARION, ANNA</b>	
STREET ADDRESS	<b>5840 BRIDLEWAY CIRCLE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KAPLAN, RICKY S</b>	
STREET ADDRESS	<b>1460 RT 8 NO STE 203</b>	
CITY-ST-ZIP	<b>WOODBRIEGE NJ 07095</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARION, LESTER</b>	
STREET ADDRESS	<b>8800 BELLWOOD ROAD</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARION, ROBERT</b>	
STREET ADDRESS	<b>322 SOUTHBERRY AVENUE</b>	
CITY-ST-ZIP	<b>MAMRANECK NY 10543</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)