

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90103 024 ****61.25

DOCUMENT # N97000003059

1. Entity Name
THE SAMUEL AND ANNA MARION CHARITABLE FOUNDATION

Principal Place of Business **Mailing Address**
5840 BRIDLEWAY CIRCLE **5840 BRIDLEWAY CIRCLE**
BOCA RATON FL 33496 **BOCA RATON FL 33496**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
1500 PALISADES AVE *1500 PALISADES AVE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
GD *GD*
 City & State City & State
FOOT LEE NJ *FOOT LEE NJ*

Zip Country Zip Country
07024 *MORRIS* *07024* *MORRIS*

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
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: DATE:

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *4/30/2001*

CR2E037 (10/00)