

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003059

1. Entity Name

THE SAMUEL AND ANNA MARION CHARITABLE FOUNDATION

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

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

Principal Place of Business

5840 BRIDLEWAY CIRCLE
BOCA RATON FL 33496

Mailing Address

5840 BRIDLEWAY CIRCLE
BOCA RATON FL 33496

2. Principal Place of Business

1500 PALISADES AVE

Suite, Apt. #, etc.

GD

City & State

Fort Lee NJ

Zip

07024

Country

USA

3. Mailing Address

1500 PALISADES AVE

Suite, Apt. #, etc.

GD

City & State

Fort Lee NJ

Zip

07024

Country

USA



DO NOT WRITE IN THIS SPACE

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

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 ☐ Delete
NAME D
STREET ADDRESS MARION, SAMUEL
CITY-ST-ZIP 5840 BRIDLEWAY CIRCLE
BOCA RATON FL 33496

TITLE ☐ Delete
NAME D
STREET ADDRESS KAPLAN, RICKY S
CITY-ST-ZIP 1460 RT 8 NO STE 203
WOODBRIEGE NJ 07095

TITLE ☐ Delete
NAME D
STREET ADDRESS MARION, LESTER
CITY-ST-ZIP 8800 BELLWOOD ROAD
BETHESDA MD 20817

TITLE ☐ Delete
NAME D
STREET ADDRESS MARION, ROBERT
CITY-ST-ZIP 322 SOUTHBERRY AVENUE
MAMRANECK NY 10543

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

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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]

[Signature]

CR2E037 (10/00)