

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 07, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000003110**1. Entity Name
THE ESTELLE GRIBETZ FAMILY FOUNDATION, INC.

Principal Place of Business 1900 N. ATLANTIC BLVD. #V-3 FT LAUDERDALE FL 33305	Mailing Address 1900 N. ATLANTIC BLVD. #V-3 FT LAUDERDALE FL 33305
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1900 N. ATLANTIC BLVD. #V-3
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City & State	City & State FT LAUDERDALE FL
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Zip	Country	Zip	Country
33305		33305	US

4. FEI Number 65-0759086	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SCHNEIDER LAZ LESQ. 100 NORTHEAST THIRD AVENUE SUITE 400 FT LAUDERDALE FL 33301 US	7. Name and Address of New Registered Agent Name SCHNEIDER LAZ LESQ. Street Address (P.O. Box Number is Not Acceptable) 350 EAST LAS OLAS BLVD SUITE 1000 City FT LAUDERDALE FL Zip Code 33301
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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 **06/07/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **MICHAEL GRIBETZ** DPST 06/07/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)