

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90395 037 ****61.25

0053495

DOCUMENT # N97000006313

1. Entity Name

THE SANKIN FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**727 PINE LAKE DRIVE
 DELRAY FL 33445**

**727 PINE LAKE DRIVE
 DELRAY FL 33445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0794721

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

**CORPORATE CREATIONS ENTERPRISES, INC.
 4521 PGA BLVD. #211
 PALM BEACH GARDENS FL 33418**

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	D	<input type="checkbox"/> Delete
NAME	SANKIN, JULIUS	
STREET ADDRESS	727 PINE LAKE DRIVE	
CITY-ST-ZIP	DELRAY FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANKIN, JEANNE	
STREET ADDRESS	727 PINE LAKE DRIVE	
CITY-ST-ZIP	DELRAY FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, LINDA K	
STREET ADDRESS	727 PINE LAKE DRIVE	
CITY-ST-ZIP	DELRAY FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, IRVING P	
STREET ADDRESS	727 PINE LAKE DRIVE	
CITY-ST-ZIP	DELRAY FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED JULIUS SANKIN

5/11/01 5614980096

CR2E037 (10/00)