

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90032 047 ****61.25

DOCUMENT # N97000006740

1. Entity Name

THE HERBERT GIMELSTOB FAMILY CHARITABLE FOUNDATI

Principal Place of Business

Mailing Address

**4330 LIVE OAK BLVD.
 DELRAY BEACH FL 33445**

**4330 LIVE OAK BLVD.
 DELRAY BEACH FL 33445-7032**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0797667

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GIMELSTOB, HERBERT
 4330 LIVE OAK BLVD
 DELRAY BCH FL 33445**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	GIMELSTOB, HERBERT	4330 LIVE OAK BLVD.	DELRAY BEACH FL 33445	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GIMELSTOB, ELAINE	4330 LIVE OAK BLVD.	DELRAY BEACH FL 33445	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GIMELSTOB, MITCHELL	4330 LIVE OAK BLVD.	DELRAY BEACH FL 33445	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MOCHAN, DEBRA	4330 LIVE OAK BLVD.	DELRAY BEACH FL 33445	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] 3/15/2000 (561) 997-8880



DO NOT WRITE IN THIS SPACE

CH 11-7-00