

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91156 037 ****61.25

DOCUMENT # N97000006740
 1. Entity Name
THE HERBERT GIMELSTOB FAMILY CHARITABLE FOUNDATION, INC.

Principal Place of Business Mailing Address
4330 Live Oak Blvd. 4330 Live Oak Blvd.
Delray Beach, FL 33445 Delray Beach, FL 33445

C0058658

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suits, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0797667** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Gimelstob, Herbert
4330 Live Oak Blvd.
Delray Beach, FL 33445

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 reappointing) 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	D.	<input type="checkbox"/> Delete
NAME	Gimelstob, Herbert	
STREET ADDRESS	4330 Live Oak Blvd.	
CITY - ST - ZIP	Delray Beach, FL 33445	
TITLE	D.	<input type="checkbox"/> Delete
NAME	Gimelstob, Elaine	
STREET ADDRESS	4330 Live Oak Blvd.	
CITY - ST - ZIP	Delray Beach, FL 33445	
TITLE	D.	<input type="checkbox"/> Delete
NAME	Gimelstob, Mitchell	
STREET ADDRESS	4330 Live Oak Blvd.	
CITY - ST - ZIP	Delray Beach, FL 33445	
TITLE	D.	<input type="checkbox"/> Delete
NAME	Mochan, Debra	
STREET ADDRESS	4330 Live Oak Blvd.	
CITY - ST - ZIP	Delray Beach, FL 33445	
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 10

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)(1), 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  **Herbert Gimelstob, Director** 4/26/01 (561)997-8880
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)