

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0036465

04-15-2002 90020 022 ****61.25

DOCUMENT # N97000006740

1. Entity Name

**THE HERBERT GIMELSTOB FAMILY CHARITABLE FOUNDATI
 ON, INC.**

Principal Place of Business

Mailing Address

4330 LIVE OAK BLVD.
 DELRAY BEACH FL 33445

4330 LIVE OAK BLVD.
 DELRAY BEACH FL 33445

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	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	

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
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
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: *Herbert Gimelstob* **REQUIRED** *Herbert Gimelstob* 4/13/02 561-997-8860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)