

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90047 013 \*\*\*\*\*61.25

CLERK

**DOCUMENT # N97000007096**

1. Entity Name

**THE SEIDLER FAMILY FOUNDATION, INC.**

Principal Place of Business

**1450 BELLA DRIVE  
 BEVERLY HILLS CA 90210  
 US**

Mailing Address

**1450 BELLA DRIVE  
 BEVERLY HILLS CA 90210  
 US**

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

**65-0801281**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SEIDLER, GARY  
 5561 N.E. 31ST AVENUE  
 FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **Kenneth J. Strauss**

Street Address (P.O. Box Number is Not Acceptable)

**One SE Third Avenue, 15th Floor**

City

**Miami**

**FL**

Zip Code  
**33131**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Kenneth J. Strauss**

**4/20/01**

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SEIDLER, LANA</b>	
STREET ADDRESS	<b>1450 BELLA DRIVE</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS CA 90210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SEIDLER, GARY</b>	
STREET ADDRESS	<b>1450 BELLA DR</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS CA 90210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHAYNE, RONALD</b>	
STREET ADDRESS	<b>4560 S.W. 148 TERRACE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027-3321</b>	
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	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kenneth J. Strauss</b>	
STREET ADDRESS	<b>One S.E. Third Avenue, 15th Floor</b>	
CITY-ST-ZIP	<b>Miami, FL 33131</b>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/00)