

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

UBR0010

DOCUMENT # **N97000007096**

04-30-2001 90047 013 ****61.25

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



DO NOT WRITE IN THIS SPACE

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

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

Gary Seidler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/00)