

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91504 026 ****61.25

DOCUMENT # N97000007096

1. Entity Name

THE SEIDLER FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

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

**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

7. Name and Address of New Registered Agent

**STRAUSS, KENNETH J
 ONE SE THIRD AVENUE, 15TH FLOOR
 MIAMI FL 33131**

Name

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

200 South Biscayne Blvd, 6th 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 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	D SEIDLER, LANA <input type="checkbox"/> Delete
STREET ADDRESS	1450 BELLA DRIVE
CITY-ST-ZIP	BEVERLY HILLS CA 90210
TITLE NAME	D SEIDLER, GARY <input type="checkbox"/> Delete
STREET ADDRESS	1450 BELLA DR
CITY-ST-ZIP	BEVERLY HILLS CA 90210
TITLE NAME	D SHAYNE, RONALD <input type="checkbox"/> Delete
STREET ADDRESS	4560 S.W. 148 TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL 33027-3321
TITLE NAME	D STRAUSS, KENNETH J <input type="checkbox"/> Delete
STREET ADDRESS	ONE S.E. THIRD AVENUE, 15TH FLOOR
CITY-ST-ZIP	MIAMI FL 33131
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 South Biscayne Blvd, 6th Floor
CITY-ST-ZIP	Miami FL 33131
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-02 310-246-1410

0062917

CR2E037 (9/01)