


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90100 041 ****61.25

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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0801281**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STRAUSS, KENNETH J
200 SOUTH BISCAYNE BLVD., 6TH FLOOR
MIAMI FL 33131**

Applied For
 Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

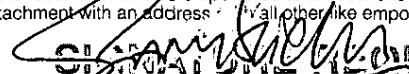
10. OFFICERS AND DIRECTORS

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	D	<input type="checkbox"/> Delete
NAME	STRAUSS, KENNETH J	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., 6TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	515 East Las Olas Blvd, 15th Floor	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
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: _____ by all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **4-29-03** **310.246-1410**

CR2E037 (10/02)