

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90015 039 ****61.25

DOCUMENT # N98000002731

1. Corporation Name

THE LEVINE FAMILY FOUNDATION, INC.

Principal Place of Business

2180 IBIS ISLE APT #5
PALM BEACH FL 33480

Mailing Address

2180 IBIS ISLE APT #5
PALM BEACH FL 33480



2. Principal Place of Business

21 2608 N Dixie Hwy

2a. Mailing Address

26 2608 N Dixie Hwy

Suite, Apt. #, etc.

22 Suite 100

Suite, Apt. #, etc.

27 Suite 100

City & State

23 West Palm Bch FL

City & State

28 West Palm Bch FL

Zip

24 33407 25 USA

Zip

29 33407 30 USA

3. Date Incorporated or Qualified

05/13/1998

4. FEI Number

65-0834879

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COMITER, RICHARD B ESQ
250 AUSTRALIAN AVENUE SOUTH SUITE 1100
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

ROBERT LEVINE, ESQ.

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

17 South Street 2608 N. Dixie Hwy

83

Stg 100

84 City

Portland W. Palm Bch FL

85 Zip Code

33407

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert C. Harris

7/24/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LEVINE, ROBERT
STREET ADDRESS 2180 IBIS ISLE APT #5
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ DELETE

NAME TAGGERSELL, VILEAN
STREET ADDRESS 2180 IBIS ISLE APT #5
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ DELETE

NAME TAGGERSELL, LANCE
STREET ADDRESS 2180 IBIS ISLE APT #5
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

17 South St.
Portland ME 04101

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

17 South Street
Portland ME 04101

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

17 South Street
Portland ME 04101

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Robert C. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/99 (207) 871-0036

Date

Daytime Phone #

CR2E037 (5/99)