2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State
03-29-2000 90037 047 ****70.00

DOCUMENT # N98000002845

1. Entity Name

THE CHURG-STRAUSS SYNDROME FOUNDATION, INC.

Principal Place of Business	Mailing Address
2 ST. ANDREWS CT. ST. AUGUSTINE FL 32084	2 ST. ANDREWS CT. ST. AUGUSTINE FL 32084-3620

DO NOT WRITE IN THIS SPACE

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 59-2405978 ☐ 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
ROBBINS, RIMA 2 ST. ANDREWS CT. ST. AUGUSTINE FL 32084	Name Michael J. Greenberg, PhD Street Address (P.O. Box Number is Not Acceptable) 2 St. Andrews CT City St. Augustine FL Zip Code 32084

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] Michael J. Greenberg, President 03/22/00
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 / STREET ADDRESS / CITY-ST-ZIP	P ROBBINS, RIMA P 2 ST. ANDREWS CT. ST. AUGUSTINE FL 32084	☒ Delete	D Robert Lebovitz, M.D. 425 W. 59th St. New York, New York 10019	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELKER, DANIELLE 2688 KING RICHARD DR. EL DORADO HILLS CA 95762	☐ Delete	D Carolyn Messner, A.C.S.W. Cancer Care, Inc. 1180 Ave. of the Americas New York, New York 10036-2222	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMAN, GARY S 9500 EUCLID CLEVELAND OH 44195	☐ Delete	D Alan Ver-Planck, J.D. 4922 Stratford Road Fort Wayne, Indiana 46807	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SYED, CHANDI 48 AMANDA DR. TORONTO ON M1V- 1C9	☐ Delete	P MICHAEL J. GREENBERG 2 St. Andrews Ct. St. Augustine FL 32084	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D GARY TODD LEE Schoolhouse, Longframlington Morpeth, Northumberland NE65, UK	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Eloise Harman, M.D. 8505 NW 4th Pl. Gainesville, FL 32607-1414	☐ Change ☑ Addition

CR2E037 (9/99)

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] Michael J. Greenberg 03/22/00 904-461-4032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #