

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90241 015 ****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

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

GREENBERG, MICHAEL J PHD
2 ST. ANDREWS CT.
ST. AUGUSTINE FL 32084

Name **GREENBERG, MICHAEL J PHD**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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** ☐ Delete
 NAME **LEBOVIUS, ROBERT M.D.**
 STREET ADDRESS **425 W. 59TH ST.**
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **GREENBERG, MICHAEL J**
 STREET ADDRESS **2ST. ANDREWS CT.**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE ☒ Change ☐ Addition
 NAME **GREENBERG, MICHAEL J**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HOFFMAN, GARY S**
 STREET ADDRESS **9500 EUCLID**
 CITY-ST-ZIP **CLEVELAND OH 44195**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SYED, CHANDI**
 STREET ADDRESS **48 AMANDA DR.**
 CITY-ST-ZIP **TORONTO ON MIV- 1C9**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 line empowered.

SIGNATURE:

MICHAEL J. GREENBERG 07/08/02 904-824/1083

CR2E037 (4/02)