

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90028 026 ***150.00

DOCUMENT # N98000005455
1. Entity Name
THE HARRIET M. FINGER CHARITABLE FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

54013066

2. Principal Place of Business
17341 ALLENBURY COURT
Suite, Apt. #, etc.

3. Mailing Address
17341 ALLENBURY COURT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FLORIDA

City & State
BOCA RATON, FLORIDA

4. FEI Number
65-0864822

Applied For
 Not Applicable

Zip Country
33496-5918

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33496-5918

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FINGER, HARRIET M.

Street Address (P.O. Box Number is Not Acceptable)
17341 ALLENBURY COURT

City
BOCA RATON,

FL Zip Code
33496-5918

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE DIRECTOR
NAME FINGER, HARRIET M
STREET ADDRESS 17341 ALLENBURY COURT
CITY-ST-ZIP BOCA RATON, FLORIDA 33496-5918

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR
NAME FINGER, CHESTER
STREET ADDRESS 17341 ALLENBURY COURT
CITY-ST-ZIP BOCA RATON, FLORIDA 33496-5918

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR
NAME JONES, LINDA
STREET ADDRESS 704 SCHOONERS END
CITY-ST-ZIP SAUK RAPIEDS, MN 56379

**DO NOT WRITE
IN THIS SPACE**

TITLE DIRECTOR
NAME CURRERI, LISA MORRIS
STREET ADDRESS 47 COLGATE ROAD
CITY-ST-ZIP GREAT NECK, NEW YORK 11030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR
NAME NEWMAN, JAY M
STREET ADDRESS 110 EAST 59TH STREET
CITY-ST-ZIP NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2004 561-482-7711
Date Daytime Phone #