


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

0011632

**DOCUMENT # N98000005697**

1. Entity Name  
**THE WARREN FOUNDATION, INC.**



FILED

03 SEP 30 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4550 HOOKS ROAD  
LAKE WORTH FL 33467-3712**

Mailing Address  
**219 ROYAL POINCIANA WAY  
SUITE 10  
PALM BEACH FL 33480**



**REINSTATEMENT**  
CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

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

4. FEI Number **65-0867749**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~BLANCHARD, ANA I~~  
**219 ROYAL POINCIANA WAY  
SUITE 10  
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name **GENE TALERICO**

Street Address (P.O. Box Number is Not Acceptable)  
**219 ROYAL POINCIANA WAY  
SUITE 10**

City **PALM BEACH** FL Zip Code **33480**

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 **GENE TALERICO, CFO** *Gene Talerico, CFO* **9/23/03**

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**  
After September 10, 2003, min will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST WARREN, ROBERT M 303 E. 51ST STREET NEW YORK NY 10022</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WARREN, DANIELLE 219 ROYAL POINCIANA WAY PALM BEACH FL 33480</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WARREN, AMOS 219 ROYAL POINCIANA WAY PALM BEACH FL 33480</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO BLANCHARD, ANA I 219 ROYAL POINCIANA WAY, SUITE 10 PALM BEACH FL 33480</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200023454352 09/30/03--01095--006 **236.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO TALERICO, EUGENE F. 219 ROYAL POINCIANA WAY, SUITE 10 PALM BEACH, FL 33480</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Eugene F. Talerico, CFO* **EUGENE F. TALERICO, CFO** **9/23/03** **561-837-1852**

CR2E037 (4/03)