

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006863

1. Entity Name

THE DAVID JOFFE FAMILY FOUNDATION, INC.

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90216 006 \*\*\*\*61.25

Principal Place of Business

777 S FLAGLER DR  
 STE 300 E  
 W PALM BEACH FL 33401  
 US

Mailing Address

99777 S FLAGLER DR  
 STE 300 E  
 W PALM BEACH FL 33401  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0879920

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ADLER, LEONARD J  
 C/O GREENBERG TRAUIG PA  
 777 S FLAGLER DR STE 300 E  
 WEST PALM BEACH FL 33401

Name

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.

SIGNATURE

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 13, 2000 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 **DAVID, JOFFE**  
 STREET ADDRESS **777 S FLAGLER DR 300E**  
 CITY-ST-ZIP **W PALM BEACH FL 33401**

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

TITLE **D** ☐ Delete  
 NAME **MONA, JOFFE**  
 STREET ADDRESS **777 S FLAGLER DR 300E**  
 CITY-ST-ZIP **W PALM BEACH FL 33401**

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

TITLE **D** ☐ Delete  
 NAME **SCHWARTZ, JILL**  
 STREET ADDRESS **777 S FLAGLER DR 300E**  
 CITY-ST-ZIP **W PALM BEACH FL 33401**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/00

Date

(703) 478-1970

Daytime Phone #

CR2E037 (5/00)