

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007146

1. Entity Name

NORMA W. ALLEN PRIVATE FOUNDATION, INC.

FILED  
Mar 03, 2000 8:00 am  
Secretary of State  
03-03-2000 90016 013 \*\*\*\*61.25

Principal Place of Business      Mailing Address

%4801 SOUTH UNIVERSITY DRIVE STE. 265      %4801 SOUTH UNIVERSITY DRIVE STE. 265  
DAVIE FL 33328      DAVIE FL 33328



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      Applied For

65-0881999      Not Applicable

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

6. Name and Address of Current Registered Agent

HOWELL, BOB J  
%4801 SOUTH UNIVERSITY DRIVE STE. 265  
DAVIE FL 33328

7. Name and Address of New Registered Agent

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      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

TITLE	D	Delete
NAME	ALLEN, NORMA W	
STREET ADDRESS	127 PERUVIAN AVE. #301	
CITY-ST-ZIP	PALM BEACH FL 33480-4418	
TITLE	D	Delete
NAME	KATZ, WILLIAM	
STREET ADDRESS	505 S. FLAGLER DRIVE STE. 800	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	D	Delete
NAME	KATZ, DANIEL	
STREET ADDRESS	%4801 SOUTH UNIVERSITY DRIVE STE. 210	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
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 like empowered.

SIGNATURE: *Norma W. Allen*      2/5/2000      561-659-2340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)