

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000742

Entity Name

THE KAPLAN FAMILY FOUNDATION, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

04-21-2000 90175 038 ****61.25

Principal Place of Business	Mailing Address
SOUTH OCEAN BOULEVARD BEACH FL 33480	3360 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480-5668



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 65-0898581	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KAPLAN, ABRAHAM I
 3360 SOUTH OCEAN BOULEVARD
 PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name SHIRLEY B. KAPLAN
 Street Address (P.O. Box Number is Not Acceptable)
 3360 SOUTH OCEAN BLVD.
 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.

SIGNATURE *Shirley B. Kaplan*
 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Abraham I. Kaplan	3360 S. Ocean Blvd.	Palm Beach, FL 33480	<input checked="" type="checkbox"/>
Secretary	Shirley B. Kaplan	3360 S. Ocean Blvd.	Palm Beach, FL 33480	<input checked="" type="checkbox"/>
Vice President	Martin Kaplan	28 North Road	Stony Brook, NY 11790	<input checked="" type="checkbox"/>
Treasurer	Richard Kaplan	2335 Brandt Village	Greensboro, NC 27455	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<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
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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: *Shirley B. Kaplan* SHIRLEY B. KAPLAN 4/15/2000 533-5670
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)