2000 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2000 08:00 AM DOCUMENT # N9900002160 1. Entity Name **Secretary of State** SPINE AND SCOLIOSIS AETIOLOGY FOUNDATION, INC. Principal Place of Business Mailing Address 4881 N.W. 5 LANE 4881 N.W. 5 LANE FL BOCA RATON FL BOCA RATON 33431 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1035785 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SACKS 4881 N.W. 5 LANE Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL33431 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. 09/12/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ญ็หญ่≥าเก็ ก็เรียกได้ FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE T/D ☐ Change X Addition NAME COHEN NAME EARL. MT/D STREET ADDRESS STPEET ADDRESS 2505 N.W. BOC RATON BLVD. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL33431 TITLE ☐ Delete C/D ☐ Change XI Addition NAME NAME SACKS JANICE TC/D STREET ADDRESS STREET ADDRESS 4881 N.W. 5 LANE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON 33431 TITLE ☐ Delete TITLE P/D ☐ Change **X** Addition NAME SACKS NAME STANLEY EP/D STREET ADDRESS 4881 N.W. 5 LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON \mathbf{FL} 33431 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAR/F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

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.