

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90093 034 ****61.25

DOCUMENT # N99000002994

1. Entity Name

JOSEPH & FRIEDA ROSS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**C/O PETER HORNIK
 1 SE 3RD AVENUE 10TH FLOOR
 MIAMI FL 33131**

**C/O PETER HORNIK
 1 SE 3RD AVENUE 10TH FLOOR
 MIAMI FL 33131-1710**

A0006117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0919356

Applied For
 Not Applicable

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

**WILLINGER, SCOTT R
 8180 NW 36 STREET SUITE 100
 MIAMI FL 33186**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D HORNIK, PETER**
 STREET ADDRESS **1 SE 3RD AVE 10TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HORNIK, STEVEN**
 STREET ADDRESS **6910 SEQUOIA COURT**
 CITY-ST-ZIP **MASON OH 45040**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HORNIK, TODD**
 STREET ADDRESS **26452 RIVERSIDE WAY UNIT A**
 CITY-ST-ZIP **CARMEL CA 93923**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SAX, WILLIAM**
 STREET ADDRESS **276 WILDCAT ROCKS ROAD**
 CITY-ST-ZIP **SEVEN DEVILS NC 28604**

TITLE Change Addition
 NAME
 STREET ADDRESS **230 OLD KELLER FARM ROAD**
 CITY-ST-ZIP **BOONE, NC 28607**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00
 Date

306-377-4228
 Daytime Phone #

CR2E037 (9/99)