

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

0021136

DOCUMENT # N99000002994

1. Entity Name

JOSEPH & FRIEDA ROSS FOUNDATION, INC.

01-16-2002 90062 037 *****61.25

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**



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

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

**WILLINGER, SCOTT R
 8180 NW 38 STREET SUITE 100
 MIAMI FL 33166**

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 **13627 SUNSHOWERS CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 32828**

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 **230 OLD KELLER FARM ROAD**
 CITY-ST-ZIP **BOONE NC 28607**

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

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 empowerments.

SIGNATURE: _____

SIGNATURE REQUIRED

1/8/02

305-377-4228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0021136