

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90040 009 ****61.25

DOCUMENT # N99000004412

1. Entity Name

THE MANDELL FAMILY FOUNDATION, INC.

Principal Place of Business

**2427 PRESIDENTIAL WAY, #501
WEST PALM BEACH FL 33401**

Mailing Address

**2427 PRESIDENTIAL WAY, #501
WEST PALM BEACH FL 33401**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0937789

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHENKER, LEONORE
2427 PRESIDENTIAL WAY, #501
WEST PALM BEACH FL 33401**

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 \$61.259. 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 **SCHENKER, LEONORE**
STREET ADDRESS **2427 PRESIDENTIAL WAY, #501**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**TITLE **D** ☐ Delete
NAME **MANDELL, RICHARD**
STREET ADDRESS **666 GREENWICH ST, APT 434**
CITY-ST-ZIP **NEW YORK NY 10014**TITLE **D** ☐ Delete
NAME **MANDELL, JAMES**
STREET ADDRESS **655 LONGACRE LANE**
CITY-ST-ZIP **YARDLEY PA 19067**TITLE **D** ☐ Delete
NAME **SUGARMAN, MARGERY**
STREET ADDRESS **17 INTERLOCKEN DR**
CITY-ST-ZIP **EASTCHESTER NY 10709**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Richard Mandell **RICHARD MANDELL** **MARCH 6, 2002** **212 633 2102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (9/01)