


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91164 029 \*\*\*\*61.25

<b>DOCUMENT # N99000006678</b>					
1. Entity Name Savastano Family Foundation, INC ✓					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business C/O Frank Savastano			3. Mailing Address 19 Island Road		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Stuart, FL			City & State Stuart, FL		
Zip 34996		Country USA		4. FEI Number 65-0962221	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent					
Name David Pratt, P.A.					
Street Address (P.O. Box Number is Not Acceptable)					
2101 Corporate Blvd, Suite 220					
City Boca Raton				FL Zip Code 33431	
<b>DO NOT WRITE IN THIS SPACE</b>					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D FRANK SAVASTANO 19 ISLAND RD STUART, FL 34996					
D MILDRED SAVASTANO 19 ISLAND RD STUART, FL 34996					
D DAVID SAVASTANO 1145 PINES LAKE DR W WAYNE, NJ 07470					
D THOMAS SAVASTANO 5 BRADBURY LANE NEWBURYPORT, MA 01950					
<b>DO NOT WRITE IN THIS SPACE</b>					
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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>FRANK SAVASTANO</u> 4/29/03 772-2206896					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR02E037B (12/02)