

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90074 038 ****61.25

DOCUMENT # N99000007569

1. Entity Name

AVENTURA HEALTH FOUNDATION, INC.

Principal Place of Business

Mailing Address

20801 BISCAYNE BLVD.
 501
 AVENTURA FL 33180

20801 BISCAYNE BLVD.
 501
 AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0981183

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

LEOPOLD, NORMAN ESQ
20801 BISCAYNE BLVD., SUITE 501
AVENTURA FL 33180

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 **DP** ☐ Delete
 NAME **ADLER, ELAINE**
 STREET ADDRESS **3575 NE 207TH STREET, SUITE 816**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **LEVI, KATHI**
 STREET ADDRESS **21401 HIGHLAND LAKES BLVD.**
 CITY-ST-ZIP **NO. MIAMI BEACH FL 33179**

TITLE **Harriet Robkin** ☐ Change ☒ Addition
 NAME **3001 Aventura Blvd.**
 STREET ADDRESS **Aventura, FL 33180**
 CITY-ST-ZIP

TITLE **DB** ☐ Delete
 NAME **LINDERMAN, GEORGIA**
 STREET ADDRESS **3330 NE 136TH STREET**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **DB** ☒ Change ☐ Addition
 NAME **Linderman, Georgia**
 STREET ADDRESS **9278 Broad St.**
 CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE **DT** ☐ Delete
 NAME **LEOPOLD, NORMAN**
 STREET ADDRESS **20801 BISCAYNE BLVD., SUITE 501**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SILVERMAN, STAN**
 STREET ADDRESS **4020 NORTH HILLS DRIVE #2**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **G** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **DAWN ANDERSON**
 STREET ADDRESS **20950 NE 27th Ct**
 CITY-ST-ZIP **Aventura, FL 33180**

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]

7-20-01 (22) 9325334

CR2E037 (10/00)