

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

01-29-2001 90006 014 ****61.25

DOCUMENT # N99000007652

1. Entity Name

POLLACK FAMILY FOUNDATION, INC.

Principal Place of Business

1104 DRUID ROAD SOUTH
 CLEARWATER FL 33757

Mailing Address

1104 DRUID ROAD SOUTH
 CLEARWATER FL 33757

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1964

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33757-1964

Country

USA

4. FEI Number

59-3615236

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

POLLACK, RONALD
1104 DRUID ROAD SOUTH
CLEARWATER FL 33757

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

TITLE **PD** ☐ Delete
 NAME **POLLACK, RONALD**
 STREET ADDRESS **1104 DRUID RD SOUTH**
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE **TD** ☐ Delete
 NAME **POLLACK, MIREILLE**
 STREET ADDRESS **1104 DRUID RD SOUTH**
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE **SD** ☒ Delete
 NAME **MARION, BRANDON**
 STREET ADDRESS **1104 DRUID RD SOUTH**
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
 NAME **Secretary/Director**
 STREET ADDRESS **Steven L. Hayes**
 CITY-ST-ZIP **33 N. Garden Ave.**
Clearwater, FL 33755

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

TITLE ☐ Change ☐ Addition
 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

Ron Pollack

1-19-01 727/298-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)