## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 07, 2000 8:00 am Secretary of State DOCUMENT # N9900007664 THE JOAN DECKELBAUM FOUNDATION, INC. 03-07-2000 90028 038 \*\*\*\*61.25 Mailing Address Principal Place of Business C/O MORRIS DECKELBAUM C/O MORRIS DECKELBAUM 3201 W GRIFFIN RD 3201 W GRIFFIN RD HOLLYWOOD FL 33312 HOLLYWOOD FL 33312 2. Principal Place of Business 3. Mailing Address 4430 CASPER CT. 4430 CASPER CT. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. HOLLYWOOD, FL Applied For 4. FEI Number City & State City & State 65-0969389 tockywao D Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required بطرر کاری 330ご! 人、さ、ひ、 150EE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORRIS DECKELBAUM Street Address (P.O. Box Number is Not Acceptable) BARASH, A JEFFREY C/O BARASH & ASSOCIATES, P.A. 1140 KANE CONCOURSE Zi<u>p</u> Code **BAY HARBOR ISLANDS FL 33154** Horringop 3305J 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. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TITLE ☐ Delete TITLE DECKELBAUM, MORRIS NAME STREET ADDRESS 4430 CASPER CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Addition ☐ Change TITLE ☐ Delete DECKELBAUM, GORDON NAME NAME STREET ADDRESS STREET ADDRESS 4444 PLAYER ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Addition TITLE Delete TITLE COOPER, ROBERT W NAME NAME STREET ADDRESS STREET ADDRESS 3075 CHATHAM ST CITY-ST-ZIP CITY-ST-ZIP RICHMOND, B.C. Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIE

SIGNATURE AND TYPED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

954-965-3636

Daytime Phone #