

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90181 016 ****70.00

DOCUMENT # N99000007664

1. Entity Name

THE JOAN DECKELBAUM FOUNDATION, INC.

Principal Place of Business

**4430 CASPEN CT
 HOLLYWOOD FL 33021**

Mailing Address

**4430 CASPEN CT
 3201 W GRIFFIN RD
 HOLLYWOOD FL 33021**

2. Principal Place of Business

4430 CASPER CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0969389

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DECKELBAUM, MORRIS
 4430 CASPER CT
 HOLLYWOOD FL 33021**

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 \$61.25

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 **D** ☐ Delete
 NAME **DECKELBAUM, MORRIS**
 STREET ADDRESS **4430 CASPER CT**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ Delete
 NAME **DECKELBAUM, GORDON**
 STREET ADDRESS **4444 PLAYER ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ Delete
 NAME **COOPER, ROBERT W**
 STREET ADDRESS **3075 CHATHAM ST**
 CITY-ST-ZIP **RICHMOND, B.C.**

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
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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:

MORRIS DECKELBAUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 954-965-3636

Date

Daytime Phone #

CR2E037 (9/01)