

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00061

1. Entity Name

THE JOE AND EMILY LOWE FOUNDATION, INC.

Principal Place of Business

249 ROYAL PALM WAY
PALM BEACH FL 33480

Mailing Address

249 ROYAL PALM WAY
PALM BEACH FL 33480-4321

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

13-6121361

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

HAUBEN, DAVID M
123 LAKESHORE DRIVE, #1644
NORTH PALM BEACH FL 33408

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 T ☐ Delete
NAME STERN, HENRY
STREET ADDRESS 10631 STONEBRIDGE BLVD
CITY-ST-ZIP BOCA RATON FL 33498

TITLE V.P. + Secretary ☒ Change ☐ Addition
NAME STERN, Henry
STREET ADDRESS
CITY-ST-ZIP

TITLE TEE ☐ Delete
NAME HAUBEN, DAVID M
STREET ADDRESS 123 LAKESHORE DRIVE #1644
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE V.P. + Treasurer ☒ Change ☐ Addition
NAME
STREET ADDRESS North Palm Beach, FL 33408
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HAUBEN, BRUCE M
STREET ADDRESS 61 WHEELER RD.
CITY-ST-ZIP STOW MA

TITLE TEE ☒ Change ☐ Addition
NAME
STREET ADDRESS Stow, MA 01715
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LIMAN, ELLEN
STREET ADDRESS 1060 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY 10028

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 *ELLEN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90242 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)