

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004865

Entity Name: LAURENCE W. LEVINE FOUNDATION, INC.**Current Principal Place of Business:**17398 VIA CAPRI EAST
BOCA RATON, FL 33496**Current Mailing Address:**280 PARK AVENUE 7TH FL
NEW YORK, NY 10017 US**FEI Number:** 65-0535001**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEFINA, ROSEANN AGENT
17398 VIA CAPRI EAST
BOCA RATON, FL 33496 US*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:** ROSEANN DEFINA

01/19/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	KANE, SUSAN
Address	17398 VIA CAPRI EAST
City-State-Zip:	BOCA RATON FL 33496

Title	VP
Name	LEVINE, JAY
Address	34 GRAMERCY PARK
City-State-Zip:	NEW YORK NY 10003

Title	D
Name	KANE, RUSSELL
Address	226 ROOSEVELT WAY
City-State-Zip:	WESTBURY NY 11590

Title	D
Name	FELDMAN, BETH
Address	656 FOREST AVE
City-State-Zip:	LARCHMONT NY 10538

Title	D
Name	LOGUE, LESLEY
Address	4 NURSERY ROAD
City-State-Zip:	MELVILLE NY 11747

Title	D
Name	LEVINE, JAMES
Address	34 GRAMERCY PARK
City-State-Zip:	NEW YORK NY 10003

Title	DIRECTOR
Name	LEVINE, MICHAEL
Address	58 LAWRENCE FARMS CROSSING
City-State-Zip:	CHAPPAQUA NY 10514

Title	DIRECTOR
Name	LEVINE, MICHAEL
Address	58 LAWRENCE FARMS CROSSING
City-State-Zip:	CHAPPAQUA NY 10514

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN KANE**PRESIDENT**

01/19/2018

Electronic Signature of Signing Officer/Director Detail

Date