

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002708

**Entity Name:** GLAZER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

ONE BUCCANEER PLACE  
TAMPA, FL 33607

**Current Mailing Address:**

ONE BUCCANEER PLACE  
TAMPA, FL 33607 US

**FEI Number:** 59-3578188

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FORD, BRIAN  
ONE BUCCANEER PLACE  
TAMPA, FL 33607 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:** BRIAN FORD

01/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, SECRETARY  
Name GLAZER, EDWARD  
Address ONE BUCCANEER PLACE  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name GLAZER, BRYAN  
Address ONE BUCCANEER PLACE  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name GLAZER, JOEL  
Address ONE BUCCANEER PLACE  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name GLAZER, KEVIN  
Address ONE BUCCANEER PLACE  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR, TREASURER, PRESIDENT  
Name GLAZER KASSEWITZ, DARCIÉ  
Address ONE BUCCANEER PLACE  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name GLAZER, AVRAM  
Address ONE BUCCANEER PLACE  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name GLAZER, LINDA  
Address ONE BUCCANEER PLACE  
City-State-Zip: TAMPA FL 33607

*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:** JOEL GLAZER

**DIRECTOR**

01/05/2023

Electronic Signature of Signing Officer/Director Detail

Date