

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90675 036 ****61.25

0087378

DOCUMENT # N99000001565

1. Entity Name
JANE FRIEDMAN ANSPACH FAMILY FOUNDATION, INC.



Principal Place of Business
**535 E FRONT STREET
PERRYSBURG OH 43551
US**

Mailing Address
**535 E FRONT STREET
PERRYSBURG OH 43551
US**

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 **58-2462405**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**O'CONNOR, DANIEL P. J
BRINKLEY MCNERNEY MORGAN, SCHWINN & TATSON
200 EAST LAS OLAS BLVD SUITE 1900
FORT LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ANSPACH, JANE FRIEDMAN	
STREET ADDRESS	535 E FRONT STREET	
CITY-ST-ZIP	PERRYSBURG OH 43551	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANSPACH, ROBERT M	
STREET ADDRESS	535 E FRONT STREET	
CITY-ST-ZIP	PERRYSBURG OH 43551	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, ROBERT G	
STREET ADDRESS	535 E FRONT STREET	
CITY-ST-ZIP	PERRYSBURG OH 43551	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: *Jane Friedman Anspach*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

419-874-9997