

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004412

1. Entity Name

THE MANDELL FAMILY FOUNDATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90316 017 ****61.25

Principal Place of Business 2427 PRESIDENTIAL WAY, #501 WEST PALM BEACH FL 33401	Mailing Address 2427 PRESIDENTIAL WAY, #501 WEST PALM BEACH FL 33401-1345
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0937789	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHENKER, LEONORE
 2427 PRESIDENTIAL WAY, #501
 WEST PALM BEACH FL 33401

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHENKER, LEONORE	
STREET ADDRESS	2427 PRESIDENTIAL WAY, #501	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANDELL, RICHARD	
STREET ADDRESS	666 GREENWICH ST, APT 434	
CITY-ST-ZIP	NEW YORK NY 10014	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANDELL, JAMES	
STREET ADDRESS	655 LONGACRE LANE	
CITY-ST-ZIP	YARDLEY PA 19067	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUGARMAN, MARGERY	
STREET ADDRESS	17 INTERLOCKEN DR	
CITY-ST-ZIP	EASTCHESTER NY 10709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Leonore Schenker* 1/5/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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