

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90040 009 ****61.25

DOCUMENT # N99000004412

1. Entity Name

THE MANDELL FAMILY FOUNDATION, INC.

Principal Place of Business

2427 PRESIDENTIAL WAY, #501
 WEST PALM BEACH FL 33401

Mailing Address

2427 PRESIDENTIAL WAY, #501
 WEST PALM BEACH FL 33401

00040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0937789

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHENKER, LEONORE

**2427 PRESIDENTIAL WAY, #501
 WEST PALM BEACH FL 33401**

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	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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Richard Mandell **RICHARD MANDELL** MARCH 6, 2002 212 633 2102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (9/01)