2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713400

1. Entity Name

LYNN AND LOUIS WOLFSON II, FAMILY FOUNDATION, IN

| 1 | S.E. | 3RD | AVENUE |
|----|------|------|---------------|
| S | UITE | 1280 | |
| ٠. | | F1 0 | 04.04 |

Principal Place of Business

Mailing Address

1 S.E. 3RD AVENUE SUITE 1280 MIAMI FL 33131-1714

FILED Jan 27, 2000 8:00 am Secretary of State

01-27-2000 90064 048 ****61.25

CONTRIGO

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|---------------------------------------|--|--|-------------------------------------|--|-------------------------------------|-------------------------------|-------------------------------------|------------------|-------------|--|
| Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | | 4. FEI Numbe | 4. FEI Number Applied Not Appl | | | | | |
| Zip | Country | Zip | | ntry | 5 Cartificate | | \$ | 8.75 Addi | | |
| · | | | | | | | | Fee Required | | |
| | 6. Name and Address of Current | Registered Agent - 🙃 🖘 | T = 12 | Name | 7. Name and | Address of New Regis | tered Ag | jent | | |
| | | | Į | | | | | | | |
| AUERBAC | H, HAROLD | | 1 | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 1 S.E. 3RI | • | | İ | | | | • | | | |
| SUITE 128 | | | City | | | | | Zip Code | | |
| MIAMI FL | 33131 | | ĺ | City | | | FL | 2.0000 | | |
| . The above | named entity submits this statement fo | r the purpose of changing its | registere | d office or re | egistered agent, or bot | n, in the state of Florida | | | | |
| | | | | | | F. | | | | |
| | | , . | | | | | | | , , | |
| IGNATURE . | Signature, typed or printed name of registered agent | | OTE. Registered Agent signature req | | required when reinstating) | | DATE | | | |
| | · · · · · · · · · · · · · · · · · · · | The second secon | | | | | | | | |
| | FILE NOW: | 9. Election Campaign | Financin | g _: | \$5.00 May Be Make Check Payable to | | | | | |
| _ | FEE IS \$61.25 | Trust Fund Contribu | ition. | | Added to Fees | Depar | tment o | of State | | |
| · · · · · · · · · · · · · · · · · · · | OFFICERO AND DU | \$ | 1 44 | | ADDITIONS /CH | ANGES TO OFFICERS A | NO DIDE | CTORS IN | 10 | |
| D. | OFFICERS AND DIF | | 11. | | ADDITIONS/CH/ | ANGES TO OFFICERS A | | ☐ Change | Addition | |
| ile Ime | WOLFSON, LYNN | ☐ Delete | NAME | | | | | Change | | |
| REET ADDRESS | 1 S.E. 3RD AVE., #1280 | | | T ADDRESS | ' | | | | | |
| TY-ST-ZIP | MIAMI FL 33131 | | CITY- | ST-ZIP | | | | | | |
| TLE | VT | ☐ Delete | TITLE | | | | I | Change | ☐ Addition | |
| ME | WOLFSON, LOUIS III | N.A | | | | | | | | |
| REET ADDRESS | 1 S.E. 3RD AVE., #1280 | | | ST-ZIP | | | | | | |
| TY-ST-ZIP | MIAMI FL 33131 1 | | ╂— | | | - | | Channa | Addition | |
| rle Ame | VT WOLFSON FADEL, LYNDA | ☐ Delete | TITLE NAME | | | | | ☐ Change | LI ACCIDII | |
| REET ADDRESS | 1 S.E. 3RD AVE., #1280 | | | T ADDRESS | | | | | ļ | |
| TY-ST-ZIP | MIAMI FL 33131 | | CITY- | ST-ZIP | | | | | | |
| TLE | π | ☐ Delete | TITLE | | | | | ☐ Change | Addition | |
| ME . | AUERBACH, HAROLD | | NAME | | | | | | | |
| REET ADDRESS | 1 S.E. 3RD AVE., #1280 | | | T ADDRESS | | | | | | |
| TY-ST-ZIP | MIAMI FL 33131 | | | ST-ZIP | | | | | | |
| TLE | T CADDADO EDANZ | ☐ Delete | TITLE | , j | | | | ☐ Change | ☐ Addition | |
| ime Reet address | CAPRARO, FRANZ 1 S.E. 3RD AVE., #1280 | | | T ADDRESS | | | | | | |
| TY-ST-ZIP | MIAMI FL 33131 | | • | ST-ZIP | | | | | | |
| TLE | S | Delete TITLI | | | S | | | Change | Addition | |
| AME | IRVING, J. BRUCE | NA NA | | · [| RAATTAMA, HE | NRY H Jr. | , | | | |
| REET ADDRESS | 501 BRICKELL KEY DR., #300 | | | T ADDDECC | l SE 3 Ave 2 Miami FL 331 | | | | ļ | |
| TY-ST-ZIP | MIAMI FL 33131 | | CITY- | ST-ZIP] | Miami FL 33I | 31 | | | ı | |

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.

SIGNATURI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

305-377-8714

Daytime Phone #

E037 (9/99)