

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90149 033 ****61.25

608518



DO NOT WRITE IN THIS SPACE

DOCUMENT # 736209			
1. Entity Name A.L. MAILMAN FAMILY FOUNDATION, INC.			
Principal Place of Business 707 WESTCHESTER AVE WHITE PLAINS NY 10604		Mailing Address 707 WESTCHESTER AVE WHITE PLAINS NY 10604	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156-0000		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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	T TOOKMANIAN, DONNA 707 WESTCHESTER AVE WHITE PLAINS NY ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED I SEGAL, DR MARILYN M 919 SOUTHLAKE DRIVE HOLLYWOOD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Segal, Marilyn 707 Westchester Ave White Plains NY 10604 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEGAL, RICHARD D 707 WESTCHESTER AVE WHITE PLAINS NY ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARDIGE, BETTY 707 WESTCHESTER AVE WHITE PLAINS NY ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASI, WENDY 707 WESTCHESTER AVE WHITE PLAINS NY ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNCH, LUBA H 707 WESTCHESTER AVE WHITE PLAINS NY ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Robert H. Gabel* **1/8/01** **(914) 683-8089**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)