## 2003 NOT-FOR-PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 736209

1. Entity Name

A.L. MAILMAN FAMILY FOUNDATION, INC.											
Principal Place of Business Mailing Address						_					
707 WESTCHESTER AVE 707 WEST			STCHESTER AVE LAINS NY 10604								
Principal Place of Business     3. Mailing Address											
Suite, Apt. #, etc. Suite			te, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4. FEI Number 59-0203866				pplied For	
Zip	Country	Zip	Section 1980 1980 1980 1980 1980 1980 1980 1980	,Cou	intry 🚅 🚐	5. Certificate of St			8:75 Ad ee Require		
	6. Name and Address of Current	Registere	d Agent			7. Name and Add	ress of New Re			<del></del>	
		<u> </u>			Name	. Name and Add	1699 OI HEW NE	gistered A	jent		
UNITED CORPORATE SERVICES, INC.				Ctrant Addus	O D D North or 's N	1-1-0					
9200 SOUTH DADELAND BLVD.					Street Addres	ss (P.O. Box Number is f	vot Acceptable)				
SUITE 508								-			
MIAMI FL 33156-0000					City				Zip Cod	le	
0 The element								FL	'		
the obliga	e named entity submits this statement fo tions of registered agent.	r the purpo	ose of changing its	registere	ed office or regis	stered agent, or both, in	the State of Florid	da. I am fai	miliar with,	and accept	
		•	,								
SIGNATURE											
	Signature, typed or printed name of registered agent a	and title if appli	cable. (NOTE	: Registered	d Agent signature requi	ired when reinstating)		DATE			
FILE NOW: FEE IS \$61.25  9. Election Campaig Trust Fund Contrib						\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGE	S TO OFFICERS	S AND DIRE	CTORS IN	I 10	
TITLE	Τ		☐ Delete	TITLE					Change	Addition	
NAME	TOOKMANIAN, DONNA			NAME	i i						
STREET ADDRESS CITY-ST-ZIP	707 WESTCHESTER AVE			1	ET ADDRESS ST-ZIP						
TITLE	WHITE PLAINS NY			-	<del></del>						
NAME	SEGAL, DR MARILYN M		☐ Delete	TITLE				) - جمير <del>ت</del> -	Change	Addition	
STREET ADDRESS	707 WESTCHESTER AVE				T ADDRESS	,			200	-	
CITY-ST-ZIP	WEST HARRISON NY 10604			CITY-	ST-ZIP					ĺ	
TITLE	PD		☐ Delete	TITLE					Change	Addition	
NAME	SEGAL, RICHARD D			NAME				_	_ v	_	
STREET ADDRESS CITY-ST-ZIP	707 WESTCHESTER AVE				T ADDRESS						
	WHITE PLAINS NY		·		ST-ZIP						
TITLE NAME	CD		Delete	TITLE				[	☐ Change	☐ Addition	
STREET ADDRESS	BARDIGE, BETTY 707 WESTCHESTER AVE		•	NAME	T ADDRESS						
CITY-ST-ZIP	WHITE PLAINS NY		- **		ST-ZIP					}	
TITLE	D		☐ Delete	TITLE					7 Chenen	( Addains	
NAME	MASI, WENDY		- Delete	NAME				L	] Change	Addition \	

WHITE PLAINS NY 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

707 WESTCHESTER AVE

WHITE PLAINS NY

LYNCH, LUBA H

STREET ADDRESS 707 WESTCHESTER AVE

☐ Delete

an. 9, 2003

☐ Change

☐ Addition

CR2E037 (10/02)

**FILED** 

Jan 14, 2003 8:00 am Secretary of State

01-14-2003 90056 044 \*\*\*\*61.25