

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90104 025 *****70.00

0021959

DOCUMENT # 760444

1. Entity Name

HIRSCHHORN FOUNDATION, INC.

Principal Place of Business

**2600 DOUGLAS RD. PH1
 CORAL GABLES FL 33134**

Mailing Address

**2600 DOUGLAS RD. PH1
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2159670

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HIRSCHHORN, JOEL
 2600 DOUGLAS RD. PH1
 CORAL GABLES FL 33134**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HIRSCHHORN, JOEL	
STREET ADDRESS	2600 DOUGLAS, RD. PH1	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HIRSCHHORN, EVELYN	
STREET ADDRESS	2600 DOUGLAS RD. PH1	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HIRSCHHORN, DOUGLAS	
STREET ADDRESS	2600 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL	
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"/> 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	VP - FINANCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hirschhorn, Douglas K	
STREET ADDRESS	21 Schenck St. Apt 2AE	
CITY-ST-ZIP	Great Neck, NY 11021	
TITLE	VP - Scholarship	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hirschhorn, Bennett K	
STREET ADDRESS	14530 Broadgreen Drive	
CITY-ST-ZIP	Houston, TX 77079	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02

(305) 445-5320

Date

Daytime Phone #

CR2E037 (9/01)