

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90258 033 \*\*\*\*61.25

0041630

**DOCUMENT # N01000002410**



1. Entity Name  
**THE ELI AND JUDITH LIPPMAN FAMILY FOUNDATION, IN C.**

Principal Place of Business: **225 WELLS ROAD, PALM BEACH FL 33480**  
Mailing Address: **225 WELLS ROAD, PALM BEACH FL 33480**

**90002718**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-1100909**  
Applied For:  Not Applicable

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

**KNIGHT, NEAL W JR ESQ  
321 ROYAL POINCIANA PLAZA SOUTH  
PALM BEACH FL 33480-0431**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D LIPPMAN, ELI M</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>225 WELLS ROAD</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE NAME	<b>D LIPPMAN, JUDITH S</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>225 WELLS ROAD</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE NAME	<b>D HOFFMAN, MEDEDITH L</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>6605 PAXTON ROAD</b>	
CITY-ST-ZIP	<b>ROCKVILLE MD 20852</b>	
TITLE NAME	<b>D LIPPMAN, KENNETH R</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>351 SOUTH ROAD</b>	
CITY-ST-ZIP	<b>PIKESVILLE MD 21208</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*

1/10/03

CR2E037 (10/02)