

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000181 (8)

1. Corporation Name

THE FRIEDMAN FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

440 ROYAL PALM WAY
SUITE 200
PALM BEACH FL 33480440 ROYAL PALM WAY
SUITE 200
PALM BEACH FL 33480-4179

3. Date Incorporated or Qualified

01/08/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0384894

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YUDENFREUND, JOEL H
440 ROYAL PALM WAY
SUITE 200
PALM BEACH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETENAME FRIEDMAN, JACOB W
STREET ADDRESS 2500 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 334801.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D/T ☐ DELETENAME FRIEDMAN, BEULAH E
STREET ADDRESS 2500 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 334802.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Friedman, Beulah E

TITLE S ☐ DELETENAME YUDENFREUND, JOEL H
STREET ADDRESS 440 ROYAL PALM WAY/ STE - 200
CITY-ST-ZIP PALM BEACH FL 334803.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME CAMERON, SUSAN L
STREET ADDRESS 1215 SOUTHWOOD COURT
CITY-ST-ZIP ANN ARBOR MI4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME FRIEDMAN, WILLIAM H
STREET ADDRESS HAMMOND HOUSE / 71 HAMMOND ST
CITY-ST-ZIP CAMBRIDGE MA5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME BERGMAN, PETER G
STREET ADDRESS 100 MAIDEN LANE
CITY-ST-ZIP NEW YORK NY6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

1-22-97

(561) 655-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # (561) 655-9500

CR2E037 (9/96)