

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90105 013 ****61.25

DOCUMENT # N93000000181

1. Entity Name
THE FRIEDMAN FAMILY FOUNDATION, INC.

Principal Place of Business 440 ROYAL PALM WAY SUITE 200 PALM BEACH FL 33480	Mailing Address 440 ROYAL PALM WAY SUITE 200 PALM BEACH FL 33480-4142
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2. Principal Place of Business 505 S. Flagler Drive	3. Mailing Address 505 S. Flagler Drive
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300



DO NOT WRITE IN THIS SPACE

City & State West Palm Beach, FL	City & State West Palm Beach, FL	4. FEI Number 65-0384894	Applied For <input type="checkbox"/> Not Applicable
Zip 33401	Country USA	Zip 33401	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

**YUDENFREUND, JOEL H
205 ROYAL PALM WAY
PALM BEACH FL 33480**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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: DATE: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P/D FRIEDMAN, JACOB W 2500 S OCEAN BLVD PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T FRIEDMAN, BEUJAH E 2500 S OCEAN BLVD PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YUDENFREUND, JOEL H 205 ROYAL PALM WAY PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, SUSAN L 1215 SOUTHWOOD COURT ANN ARBOR MI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, WILLIAM H HAMMOND HOUSE / 71 HAMMOND ST CAMBRIDGE MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGMAN, PETER G 100 MAIDEN LANE NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JACOB W. FRIEDMAN** **REQUIRE** **B.W. FRIEDMAN** **1/12/2000** **561 588 4764**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)