

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90068 001 ****61.25

DOCUMENT # N93000000181

1. Entity Name

THE FRIEDMAN FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

505 E. FLAGLER DR
 STE 300
 WEST PALM BEACH FL 33401

505 E. FLAGLER DR
 STE 300
 WEST PALM BEACH FL 33401

C0072216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0384894

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, JACOB W	
STREET ADDRESS	2500 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	FRIEDMAN, BEUJAH E	
STREET ADDRESS	2500 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	YUDENFREUND, JOEL H	
STREET ADDRESS	205 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMERON, SUSAN L	
STREET ADDRESS	1215 SOUTHWOOD COURT	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, WILLIAM H	
STREET ADDRESS	HAMMOND HOUSE / 71 HAMMOND ST	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGMAN, PETER G	
STREET ADDRESS	100 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	

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	<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	<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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/01

CR2E037 (10/00)

06/20/05