

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90026 047 ****61.25

DOCUMENT # N97000004739

1. Entity Name
THE DAN SELIGMAN FAMILY CHARITABLE FOUNDATION, I ✓

Principal Place of Business PO BOX 952948 LAKE MARY FL 32795	Mailing Address PO BOX 952948 LAKE MARY FL 32795
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DO NOT WRITE IN THIS SPACE

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 65-0781900	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ASARCH, STEVEN J
7777 GLADES RD
SUITE 200
BOCA RATON FL 33434

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 *Harry Seligman* *President* 7/10/00
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
After September 13, 2000 min. will be \$236.25

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		<input type="checkbox"/> Delete
TITLE	DP	<input type="checkbox"/>
NAME	SELIGMAN, BESS F	
STREET ADDRESS	2441 NW 59TH ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	DS	<input type="checkbox"/>
NAME	SELIGMAN, BESS D	
STREET ADDRESS	2441 NW 59TH ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	DVP	<input type="checkbox"/>
NAME	SELIGMAN, HARRY L	
STREET ADDRESS	469 WOLDUNN CIR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DVP	<input type="checkbox"/>
NAME	SELIGMAN, MICHAEL W	
STREET ADDRESS	420 TURNBERRY CIR	
CITY-ST-ZIP	OXFORD MI 38655	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 REQUIRED* 7/10/00 330-9373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)

N97000004739

A0068856

Dan Seligman
Charitable Foundation, Inc.
P.O. Box 952948
Lake Mary, FL 32795-2948

#65-0781900

7/10/00

Thank you for your assistance.

Previous check must have been lost by
Post office.

Will have to take care.

Appreciated,
Harry Seligman