

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000007069 (4)**

1. Corporation Name

J. IRA AND NICKI HARRIS FOUNDATION, INC.



Principal Place of Business 440 ROYAL PALM WY. STE 200 PALM BEACH FL 33480	Mailing Address 440 ROYAL PALM WY. STE 200 PALM BEACH FL 33480
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3. Date Incorporated or Qualified
12/18/1997

4. FEI Number
65-0805468

Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**YUDENFREUND, JOEL H
440 ROYAL PALM WY, STE 200
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	J. Ira Harris
STREET ADDRESS		1.3 STREET ADDRESS	310 Wells Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Palm Beach, Florida 33480
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Nicki Harris
STREET ADDRESS		2.3 STREET ADDRESS	310 Wells Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Beach, Florida 33480
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Newton N. Minow
STREET ADDRESS		3.3 STREET ADDRESS	One First National Plaza, Ste. 4800
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Chicago, Illinois 60603
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Jacqueline S. Harris
STREET ADDRESS		4.3 STREET ADDRESS	1100 Lake Shore Drive, #25A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Chicago, Illinois 60610
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Jonathan M. Harris
STREET ADDRESS		5.3 STREET ADDRESS	180 E. Pearson, #5503
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Chicago, Illinois 60611
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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; that 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:

6/22/98

CR2E037 (10/97)