

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91885 020 \*\*\*\*61.25

**DOCUMENT # N97000007069**

1. Entity Name

**J. IRA AND NICKI HARRIS FOUNDATION, INC.**



Principal Place of Business

**505 S. FLAGLER DR  
STE 300  
WEST PALM BEACH FL 33401**

Mailing Address

**220 SUNRISE  
STE 210  
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

**c/o The Ayco Company, LP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P. O. Box 8019**

City & State

City & State

**Ballston Spa, NY**

Zip

Country

Zip

Country

**12020-8019**

4. FEI Number **65-0805468**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CHOPIN, FRANK L  
505 S. FLAGLER DR.  
STE 300  
WEST PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>HARRIS, J IRA</b>	
STREET ADDRESS	<b>310 WELLS RD</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	<b>HARRIS, NICKI</b>	
STREET ADDRESS	<b>310 WELLS RD</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	<b>MINOW, NEWTON N</b>	
STREET ADDRESS	<b>1 FIRST NATIONAL PLAZA, SUITE 4800</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60603</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HARRIS, JACQUELINE S</b>	
STREET ADDRESS	<b>200 E. 66TH ST APT 1-801</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HARRIS, JONATHAN M</b>	
STREET ADDRESS	<b>200 E. 71ST APT 6B</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>c/o The Ayco Company, L.P.</b>	
STREET ADDRESS	<b>101 State Farm Place, P.O. Box 8019</b>	
CITY-ST-ZIP	<b>Ballston Spa, NY 12020-8019</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>c/o The Ayco Company, L.P.</b>	
STREET ADDRESS	<b>101 State Farm Place, P.O. Box 8019</b>	
CITY-ST-ZIP	<b>Ballston Spa, NY 12020-8019</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sidley &amp; Austin</b>	
STREET ADDRESS	<b>Bank One Plaza, 10 S. Dearborn</b>	
CITY-ST-ZIP	<b>Ste 2591, Chicago, IL 60603</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>c/o The Ayco Company, L.P.</b>	
STREET ADDRESS	<b>101 State Farm Place, P.O. Box 8019</b>	
CITY-ST-ZIP	<b>Ballston Spa, NY 12020-8019</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>c/o The Ayco Company, L.P.</b>	
STREET ADDRESS	<b>101 State Farm Place, P.O. Box 8019</b>	
CITY-ST-ZIP	<b>Ballston Spa, NY 12020-8019</b>	
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 REQUIRED J. Ira Harris**

**(561) 659-7130**

CR2E037 (10/02)