

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90111 042 ****61.25

DOCUMENT # N99000003461

1. Entity Name

JESSIE AND BERNARD WOLFSON FAMILY FOUNDATION, IN

Principal Place of Business

Mailing Address

1508 SAN IGNACIO AVE., STE. 200
 CORAL GABLES FL 33146

1508 SAN IGNACIO AVE., STE. 200
 CORAL GABLES FL 33146-3007

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

65-0939041

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00003000



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES FL 33146

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.

103

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

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TITLE <input type="checkbox"/> Delete NAME D WOLFSON, BERNARD STREET ADDRESS 1508 SAN IGNACIO AVE., STE. 200 CITY-ST-ZIP CORAL GABLES FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME D WOLFSON, JESSIE STREET ADDRESS 1508 SAN IGNACIO AVE., STE. 200 CITY-ST-ZIP CORAL GABLES FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME D STARKMAN, MARK STREET ADDRESS 1508 SAN IGNACIO AVE., STE. 200 CITY-ST-ZIP CORAL GABLES FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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

Date

Daytime Phone #

305-661-1230

CR2E037 (9/99)