

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001266

1. Entity Name

BELA B. NEVAI AND CLARA NEVAI CHARITABLE FOUNDAT

Principal Place of Business

Mailing Address

100 SUNRISE AVENUE  
PALM BEACH FL 33480

100 SUNRISE AVENUE  
PALM BEACH FL 33480-3963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0835059

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

NEVAI, CLARA  
100 SUNRISE AVENUE  
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 D ☐ Delete  
NAME NEVAI, CLARA  
STREET ADDRESS 100 SUNRISE AVENUE  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME NEVAI, ANDRAS  
STREET ADDRESS P.O. BOX 10861 N/A  
CITY-ST-ZIP SEDONA AZ 86339

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FINE, ELI B  
STREET ADDRESS 16657 SWEETBAY DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SOMOGYI, ANNA M  
STREET ADDRESS 36 LAKESHORE DRIVE  
CITY-ST-ZIP PLEASANTVILLE NY 10570

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 21, 2000 8:00 am  
Secretary of State

01-21-2000 90082 045 \*\*\*\*66.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)