

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006197

1. Entity Name

THE MICHAEL AND LOUISA VON CLEMM FOUNDATION, INC

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90211 020 ****61.25

Principal Place of Business

Mailing Address

200 S BISCAYNE BLVD #5300
MIAMI FL 33131-2339

200 S BISCAYNE BLVD #5300
MIAMI FL 33131-2303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0541059

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, ETHAN W
200 S BISCAYNE BLVD #5300
% MORGAN LEWIS & BOCKIUS
MIAMI FL 33131-2339

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	PD	<input type="checkbox"/> Delete
NAME	VON CLEMM, LOUISE	
STREET ADDRESS	1 POND RD	
CITY-ST-ZIP	WELLESLEY MA 02181	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VON CLEMM, STEFANIE C	
STREET ADDRESS	10 TREMONT ST	
CITY-ST-ZIP	BOSTON MA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, ETHAN W	
STREET ADDRESS	630 CAMPANA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATERMAN, MICHAEL	
STREET ADDRESS	79 EMERSON ROAD	
CITY-ST-ZIP	WELLESLEY MA 02181	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISELIN, CHARLOTTE	
STREET ADDRESS	11B SHEFFIELD TERR	
CITY-ST-ZIP	LONDON EN W8	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON CLEMM, LOUISA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1 POND ROAD	
CITY-ST-ZIP	WELLESLEY, MA 02181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Ethan W. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ethan W. Johnson 1/25/2000 305-579-0394

Date

Daytime Phone #

CR2E037 (9/99)