

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000006197**

1. Entity Name

**THE MICHAEL AND LOUISA VON CLEMM FOUNDATION, INC**

Principal Place of Business

**200 S BISCAYNE BLVD #5300  
MIAMI FL 33131-2339**

Mailing Address

**200 S BISCAYNE BLVD #5300  
MIAMI FL 33131-2339**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0541059**

Applied For

Not Applicable

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

**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, LOUISA	
STREET ADDRESS	1 POND RD	
CITY-ST-ZIP	WELLESLEY MA 02181	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James V. Righter	
STREET ADDRESS	58 Winter Street	
CITY-ST-ZIP	Boston, MA 02108-4714	

TITLE	TD	<input type="checkbox"/> Delete
NAME	VON CLEMM, STEFANIE C	
STREET ADDRESS	1 POND ROAD	
CITY-ST-ZIP	WELLESLEY MA 02181	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brewster A. McN. Righter	
STREET ADDRESS	760 Chicken Valley Road	
CITY-ST-ZIP	Locust Valley, NY 11560-2605	

TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, ETHAN W	
STREET ADDRESS	630 CAMPANA AVE	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATERMAN, MICHAEL	
STREET ADDRESS	79 EMERSON ROAD	
CITY-ST-ZIP	WELLESLEY MA 02181	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ISELIN, CHARLOTTE	
STREET ADDRESS	11B SHEFFIELD TERR	
CITY-ST-ZIP	LONDON EN W8	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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:

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

Date

**1/8/01**

305-579-0394

Daytime Phone #

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90009 020 \*\*\*\*61.25

**601280**

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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