

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 25, 2002 8:00 am**  
**Secretary of State**

09-25-2002 90123 012 \*\*\*\*70.00

DOCUMENT # **707103**

1. Entity Name

**THE BARON DE HIRSCH MEYER FOUNDATION**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4300 ALTON ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**4300 ALTON ROAD**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI BEACH, FL**

City & State

**MIAMI BEACH, FL**

4. FEI Number

**59-6129646**

Applied For

Not Applicable

Zip

**33140**

Country

**USA**

Zip

**33140**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**TERRY C. GOODMAN**

Street Address (P.O. Box Number is Not Acceptable)

**MOUNT SINAI MEDICAL CENTER FOUNDATION**

**4300 ALTON ROAD**

City

**MIAMI BEACH**

**FL**

Zip Code

**33140**

**DO NOT WRITE  
IN THIS SPACE**

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

**9/27/02**

**FEE IS \$61.25  
Initial or Amended UBR**

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**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
C	ANDREW R. HIRSCHL	3231 CAUSA STREET	COCONUT GROVE, FL 33133
M	TERRY C. GOODMAN	4300 ALTON ROAD	MIAMI BEACH, FL 33140
D	GEORGE BERGMANN	1496 PRESIDENTIAL WAY	NORTH MIAMI BEACH, FL 33179
D	JEFFREY A. GIDNEY	6401 N. BAY ROAD	MIAMI BEACH, FL 33141
D	RICHARD C. STOKER	2930 N. ATLANTIC BLVD.	FORT LAUDERDALE, FL 33308
D	ANDREW E. KERN	2600 ISLAND BLVD. #1201	MIAMI, FL 33160

**DO NOT WRITE  
IN THIS SPACE**

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 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 #

CR2E037B (12/01)