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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708738

1. Corporation Name

JACOB A. GLASSMAN RESEARCH FOUNDATION, INC.

Principal Place of Business

**600 SOUTH SHORE DRIVE
MIAMI BEACH FL 33141**

Mailing Address

**600 SOUTH SHORE DRIVE
MIAMI BEACH FL 33141**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/05/1965

4. FEI Number

59-6166953

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

**GLASSMAN, ELINOR
600 S. SHORE DR.
MIAMI BEACH FL 33141**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Elinor Glassman - Director*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **GLAZIERE, MARSHA**
STREET ADDRESS **1366 AIKEN AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **GLASSMAN, STUART D**
STREET ADDRESS **1215 LUGANO DRIVE**
CITY-ST-ZIP **HENERSOVILLE NC**

TITLE **D** ☐ DELETE

NAME **GLASSMAN, DEAN D**
STREET ADDRESS **4270 POINT LA VISTA N.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **GLASSMAN, ELINOR**
STREET ADDRESS **600 S. SHORE DR.**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Add

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elinor Glassman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

305-866-81

Daytime Phone #