

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 710469**

1. Entity Name

**RICHARD F. WOLFSON FAMILY FOUNDATION, INC**

Principal Place of Business

**630 UNIVERSITY DR.  
CORAL GABLES FL 33134**

Mailing Address

**630 UNIVERSITY DRIVE  
CORAL GABLES FL 33134  
US****FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90101 028 \*\*\*\*61.25

029472



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-6176043**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC.  
2 SOUTH BISCAYNE BLVD.  
SUITE 3400  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete  
NAME **WOLFSON, ELAINE**  
STREET ADDRESS **630 UNIVERSITY DR.**  
CITY-ST-ZIP **CORAL GABLES FL**TITLE **D** ☐ Delete  
NAME **WOLFSON, PAUL**  
STREET ADDRESS **1509 CHURCH ST**  
CITY-ST-ZIP **WASHINGTON DC**TITLE **D** ☐ Delete  
NAME **HESS, LISA WOLFSON**  
STREET ADDRESS **570 PARK AVE.**  
CITY-ST-ZIP **NEW YORK NY**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 #

CR2E037 (10/00)