

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741084

1. Entity Name

THE PHILIP AND JULIA MESHBERG FOUNDATION, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90042 042 ****70.00

Principal Place of Business

2770 S. OCEAN BLVD.
N 602
PALM BEACH FL 33480

Mailing Address

2770 SOUTH OCEAN BLVD
#602
PALM BEACH FL 33480-5595
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4935 PARK RIDGE BLVD

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH FL

Zip

Country

Zip

33426

Country

PALM BEACH

4. FEI Number

59-1813108

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

LEVY, ROBERT S.
1655 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33401

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	TD	<input type="checkbox"/> Delete
NAME	MESHBERG, EMIL	
STREET ADDRESS	118 BURR CT	
CITY-ST-ZIP	BRIDGEPORT, CT 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MESHBERG, PHILIP	
STREET ADDRESS	2770 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MESHBERG, SAM ROBERT	
STREET ADDRESS	118 BURR CT	
CITY-ST-ZIP	BRIDGEPORT, CT 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MESHBERG, RONALD N	
STREET ADDRESS	36 LITTLE FOX LN.	
CITY-ST-ZIP	WESTPORT CT	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MESHBERG, JULIA	
STREET ADDRESS	2770 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

SIGNATURE REQUIRED

1-26-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #