

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

DOCUMENT # 741084

1. Entity Name

**THE PHILIP AND JULIA MESHBERG FAMILY
FOUNDATION, INC.**



02-17-2004 90068 001 *****61.25
02-17-2004 90068 002 *****8.75

Principal Place of Business

2770 S. OCEAN BLVD.
N 802
PALM BEACH FL 33480

Mailing Address

4925 PARK RIDGE BLVD
BOYNTON BEACH FL 33426
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **COMITER, RICHARD B.**

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

GARDENS CORP CENTER

3801 PGA BLVD. SUITE 604

City

PALM BEACH GARDENS

FL

Zip Code

33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Richard B. Comiter

2/19/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **MESHBERG, EMIL**
STREET ADDRESS **665 SASCO HILL ROAD**
CITY-ST-ZIP **FAIRFIELD CT 06430**

TITLE **PD** ☐ Delete
NAME **MESHBERG, PHILIP**
STREET ADDRESS **2770 S. OCEAN BLVD.**
CITY-ST-ZIP **PALM BCH, FL 00000**

TITLE **D** ☐ Delete
NAME **MESHBERG, SAM ROBERT**
STREET ADDRESS **112 VIA CAPRI**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☐ Delete
NAME **MESHBERG, RONALD N**
STREET ADDRESS **36 LITTLE FOX LN.**
CITY-ST-ZIP **WESTPORT CT**

TITLE **SD** ☐ Delete
NAME **MESHBERG, JULIA**
STREET ADDRESS **2770 S. OCEAN BLVD.**
CITY-ST-ZIP **PALM BCH, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 #

Philip Meshberg 2/12/04 (561) 364-0014