

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90145 019 ****70.00

DOCUMENT # 741084



1. Entity Name
THE PHILIP AND JULIA MESHBERG FAMILY FOUNDATION, INC.

Principal Place of Business
**2770 S. OCEAN BLVD.
N 602
PALM BEACH FL 33480**

Mailing Address
**4925 PARK RIDGE BLVD
BOYNTON BEACH FL 33426
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	665 SASCO HILL ROAD	
CITY-ST-ZIP	FAIRFIELD, CT 06430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	112 VIA CAPRI	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
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**

1-6-2003 (56)364-0014

CR2E037 (10/02)