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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 753711

1. Corporation Name

RON FRIEDMAN SCHOLARSHIP FUND, INC.

Principal Place of Business

1000 ST CHARLES PL  
#205  
PEMBROKE PINES FL 33026  
US

Mailing Address

1000 ST. CHARLES PL  
SUITE 205  
PEMBROKE PINES FL 33026  
US



1/25/00 90014004 B/D 1.25

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

08/11/1980

4. FEI Number

59-2139506

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FRIEDMAN, SARI  
1000 ST. CHARLES PL  
SUITE 205  
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD  
NAME FRIEDMAN, MARTIN  
STREET ADDRESS 1000 ST. CHARLES PL #205  
CITY-ST-ZIP PEMBROKE PINES FL 33026

☒ DELETE

TITLE PD  
NAME FRIEDMAN, SARI  
STREET ADDRESS 1000 ST. CHARLES PL #205  
CITY-ST-ZIP PEMBROKE PINES FL 33026

☐ DELETE

TITLE VD  
NAME FRIEDMAN, STEPHEN  
STREET ADDRESS 7004 N.W 67 TERRACE  
CITY-ST-ZIP PARKLAND FL 33067

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Please be advised  
this was crossed out in error

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Enclosed please note  
copy of money order submitted  
with this form

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

All officers listed  
are actively involved

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

and correct  
Thank you

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Sari Friedman

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

954-400-3846

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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empower

SIGNATURE:

SIGNATURE REQUIRED

1000 St. Charles Pl #205  
Pembroke Pines, FL 33026

2/25/99