

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

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90032 033 \*\*\*\*61.25

DOCUMENT # **NO0000003319**

1. Entity Name

**THE IRVING HERMAN AND FRANCES M. HERMAN  
FAMILY FOUNDATION**

**DO NOT WRITE IN THIS SPACE**

**94036318**

2. Principal Place of Business

**4301 NORTH OCEAN BLVD**

Suite, Apt. #, etc.

**#1106A**

City & State

**BOCA RATON FL**

Zip

**33431**

Country

3. Mailing Address

**4301 NORTH OCEAN BLVD**

Suite, Apt. #, etc.

**#1106A**

City & State

**BOCA RATON FL**

Zip

**33431**

Country

4. FEI Number

**65-1017828**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

**DONOFF CRAIG**

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

**6100 GLADES ROAD**

**SUITE 204**

City

**BOCA RATON**

FL

Zip Code

**33431**

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

FEI 1535436  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

State Stock Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                |                                     |
|----------------|-------------------------------------|
| TITLE          | <b>D</b>                            |
| NAME           | <b>RUBIN, BARBARA K</b>             |
| STREET ADDRESS | <b>4301 NORTH OCEAN BLVD #1106A</b> |
| CITY-ST-ZIP    | <b>BOCA RATON, FL 33431</b>         |
| TITLE          | <b>D</b>                            |
| NAME           | <b>HERMAN, JEFFREY S</b>            |
| STREET ADDRESS | <b>4301 NORTH OCEAN BLVD #1106A</b> |
| CITY-ST-ZIP    | <b>BOCA RATON FL 33431</b>          |
| TITLE          | <b>D</b>                            |
| NAME           | <b>COOPER, DEBORAH L</b>            |
| STREET ADDRESS | <b>4301 NORTH OCEAN BLVD #1106A</b> |
| CITY-ST-ZIP    | <b>BOCA RATON FL 33431</b>          |
| TITLE          | <b>D</b>                            |
| NAME           | <b>HERMAN IRVING</b>                |
| STREET ADDRESS | <b>4301 NORTH OCEAN BLVD #1106A</b> |
| CITY-ST-ZIP    | <b>BOCA RATON FL 33431</b>          |
| TITLE          | <b>D</b>                            |
| NAME           | <b>HERMAN FRANCES M</b>             |
| STREET ADDRESS | <b>4301 NORTH OCEAN BLVD #1106A</b> |
| CITY-ST-ZIP    | <b>BOCA RATON, FL 33431</b>         |
| TITLE          |                                     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**x 3/18/04**

Date

**952-855**

Daytime Phone #

CR2E037B (12/01)

5250