

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90320 039 ****61.25

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1. Entity Name

IRWIN AND JOAN GEDULD FAMILY FOUNDATION, INC.



Principal Place of Business

**4000 ISLAND BLVD. APT 2304
WILLIAMS ISLAND FL 33160**

Mailing Address

**4000 ISLAND BLVD. APT 2304
WILLIAMS ISLAND FL 33160**

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 **65-1062511**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NELSON AND LEVINE P.A.
2775 SUNNY ISLE BLVD
NORTH MIAMI FL 33160**

7. Name and Address of New Registered Agent

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

TITLE **PTD** ☐ Delete
NAME **GEDULD, IRWIN**
STREET ADDRESS **4000 ISLAND BLVD #2304**
CITY-ST-ZIP **WILLIAMS ISLAND FL 33160**

TITLE **VSD** ☐ Delete
NAME **GEDULD, JOAN**
STREET ADDRESS **4000 ISLAND BLVD #2304**
CITY-ST-ZIP **WILLIAMS ISLAND FL 33160**

TITLE **D** ☐ Delete
NAME **GEDULD-TARTELL, JODI**
STREET ADDRESS **655 HIBISCUS DR**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **DM** ☐ Delete
NAME **GEDULD, DAVID**
STREET ADDRESS **1260 PELICAN LN**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **D** ☐ Delete
NAME **GEDULD, DAVID STEVEN**
STREET ADDRESS **21150 NE 38TH AVE #1702**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Address CHANGE** ☐ Change ☐ Addition
NAME
STREET ADDRESS **4040 ISLAND ESTATES DR**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **IRWIN GEDULD 4/5/03 305 935 2303**

CR2E037 (10/02)