

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

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91763 033 \*\*\*\*61.25

**DOCUMENT # N02000004539**

1. Entity Name

**THE JANE AND ALAN CORNELL FOUNDATION, INC.**



Principal Place of Business  
**17604 LAKE ESTATES DRIVE**  
**BOCA RATON FL 33496**

Mailing Address  
**17604 LAKE ESTATES DRIVE**  
**BOCA RATON FL 33496**

2. Principal Place of Business  
**17640 LAKE ESTATES DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**17640 LAKE ESTATES DRIVE**  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**03-0460786**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BELSON, STEVEN A ESQ**  
**C/O BELSON & LEWIS**  
**2000 GLADES ROAD STE 308**  
**BOCA RATON FL 33431**

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 **D** ☐ Delete  
NAME **CORNELL, ALAN R**  
STREET ADDRESS **17604 LAKE ESTATES DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☐ Delete  
NAME **CORNELL, JANE E**  
STREET ADDRESS **17604 LAKE ESTATES DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☐ Delete  
NAME **CORNELL, MICHAEL C**  
STREET ADDRESS **265 EAST 60TH STREET APT 23-E**  
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE **D** ☐ Delete  
NAME **CORNELL, LAUREN B**  
STREET ADDRESS **30 WEST 63RD STREET APT. 10-L**  
CITY-ST-ZIP **NEW YORK NY 10023**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **17640 LAKE ESTATES DRIVE**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **17640 LAKE ESTATES DRIVE**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **P.O. BOX 155**  
CITY-ST-ZIP **80607A, NJ 07603-0155**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **280 PARK AVENUE SOUTH, APT 4M**  
CITY-ST-ZIP **NEW YORK, NY 10010**

TITLE ☐ 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: X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)