

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90753 047 *****61.25

DOCUMENT # N18460

1. Entity Name

IRVING AND ELEANOR JAFFE FOUNDATION, INC.



Principal Place of Business

**20290 FAIRWAY OAKS DRIVE
SUITE 284
BOCA RATON FL 33434
US**

Mailing Address

**20290 FAIRWAY OAKS DRIVE
SUITE 284
BOCA RATON FL 33434
US**

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 **59-2751352**

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

7. Name and Address of New Registered Agent

**JAFFE, ELEANOR L.
20290 FAIRWAY OAKS DRIVE #284
BOCA RATON FL 33434**

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	PD	☐ Delete
NAME	JAFFE, IRVING	
STREET ADDRESS	20290 FAIRWAY OAKS DR. #284	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	☐ Delete
NAME	JAFFE, ELEANOR	
STREET ADDRESS	20290 FAIRWAY OAKS DR. #284	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	☐ Delete
NAME	JAFFE, JACK	
STREET ADDRESS	7956 AVENIDA ALAMAR	
CITY-ST-ZIP	LA JOLLA CA 92037	
TITLE	D	☐ Delete
NAME	REYNOLDS, JOYCE JAFFE	
STREET ADDRESS	1257 MARTIN AVENUE	
CITY-ST-ZIP	PALO ALTO CA 94301	
TITLE	D	☐ Delete
NAME	JAFFE TAKEL, SUSAN	
STREET ADDRESS	76 FOXWOOD DR	
CITY-ST-ZIP	JERICHO NY 11753	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☒ Change ☐ Addition
NAME	JAFFE, JACK	
STREET ADDRESS	1260 TWIN SISTERS ROAD	
CITY-ST-ZIP	NEEDLAND, CO 80466	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	JAFFE TAKEL, SUSAN	
STREET ADDRESS	5 BROOK LANE	
CITY-ST-ZIP	BROOKVILLE, N.Y. 11545	
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: **SIGNATURE REQUIRED**

ELEANOR JAFFE 4/9/03 561-852-9970

CR2E037 (10/02)