

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90112 020 \*\*\*\*61.25

**DOCUMENT # N22485**

1. Entity Name

**THE WALTER AND ADI BLUM FOUNDATION, INC.**

Principal Place of Business

340 ROYAL PALM WAY  
 SUITE 100  
 PALM BEACH FL 33480-4307  
 US

Mailing Address

340 ROYAL PALM WAY  
 SUITE 100  
 PALM BEACH FL 33480-4323  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0008826**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MURPHY, EUGENE W., JR.**  
**MURPHY, REID & PILOTTE, PA**  
**340 ROYAL PALM WAY, SUITE 100**  
**PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name **Frank T. Pilotte**  
 Street Address (P.O. Box Number is Not Acceptable) **340 Royal Palm Way, Suite 100**  
 City **Palm Beach** **FL** Zip Code **33480**

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

**Frank T. Pilotte**

**Jan. 26, 2000**

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 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SHAW, NORMAN</b>
STREET ADDRESS	<b>5 CANFIELD WAY</b>
CITY-ST-ZIP	<b>CONVENT STATION NJ 07960</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ELLISON, SANDRA L.</b>
STREET ADDRESS	<b>5767 PARK WALK CIR. W.</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MURPHY, EUGENE W., JR.</b>
STREET ADDRESS	<b>340 ROYAL PALM WAY, SUITE 100</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Frank T. Pilotte</b>
STREET ADDRESS	<b>340 Royal Palm Way, Suite 100</b>
CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Eugene W. Murphy, Jr.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-21-00 (561) 655-4060**

CR2E037 (9/99)