

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90044 005 \*\*\*\*61.25

**DOCUMENT # N35137**

1. Entity Name

**EDITH AND MICHAEL GELFAND FOUNDATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 389  
 PALM BEACH FL 33480-7389

P O BOX 389  
 PALM BEACH FL 33480-7389

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

**52-1657515**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GELFAND, EDITH  
 134 ATLANTIC AVE.  
 PALM BEACH FL 33480**

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.

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                          |                                 |
|------------------------------------------------|--------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DST<br/>GELFAND, EDITH<br/>134 ATLANTIC AVE.<br/>PALM BEACH FL</b>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>GELFAND, MICHAEL<br/>134 ATLANTIC AVE.<br/>PALM BEACH FL</b>   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>GELFAND, RICHARD L.<br/>7300 HONEYWELL LANE<br/>BETHESDA MD</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | <input type="checkbox"/> Delete |

|                                                |  |                                                                   |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 of Edith Gelfand*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

(561) 833 7073

Date

Daytime Phone #

CR2E037 (10/00)