

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N40979**

1. Entity Name

**THE ULLMANN FAMILY FOUNDATION, INC.**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90050 032 \*\*\*\*70.00

Principal Place of Business <del>% GOLENBOCK, EISEMAN ETAL</del> 437 MADISON AVE STE 3500 NEW YORK NY 10022 US	Mailing Address <del>% GOLENBOCK, EISEMAN ETAL</del> 437 MADISON AVE STE 3500 NEW YORK NY 10022-7001 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>119 ABBEY PEAK LANE</b>	3. Mailing Address <b>P.O. Box 9240</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>INCLINE VILLAGE, Nevada</b>	City & State <b>Incline Village, Nevada</b>	4. FEI Number <b>65-0252674</b>	Applied For Not Applicable
Zip <b>89452</b>	Country <b>USA</b>	Zip <b>89452-9240</b>	Country <b>USA</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**660 E. JEFFERSON STREET**  
**TALLAHASSEE FL 32301**

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.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>SCHNEIDER, NANCY U</b> <b>2107 ARBOR WAY</b> <b>MARTINSVILLE NJ</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>ULLMANN, LEONARD P</b> <b>P O BOX 9240</b> <b>INCLINE VILLAGE NV</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>HAMBURG, DONALD A</b> <b>437 MADISON AVENUE</b> <b>NEW YORK NY</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ULLMANN, LEONARD</b> <b>119 ABBEY PEAK LANE</b> <b>INCLINE VILLAGE, Nevada 89452-9240</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>WENDY ULLMANN</b> <b>119 Abbey Peak Lane</b> <b>Incline Village, Nevada 89452-9240</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>Mike Ullmann</b> <b>POB 585</b> <b>Oakland, IL 61943</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:** *Wendy Ullmann* **WENDY ULLMANN, Secretary April, 25, 2000 775.831.7618**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **LEONARD P. ULLMANN** Daytime Phone #

CR2E037 (9/99)