NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

N43603 **DOCUMENT #**

THE BUDD AND NANETTE MAYER FAMILY FOUNDATION. IN

Principal Place of Business

C/O GURLAND & GOLDBERG SUITE 500

2. Principal Place of Business

HALLANDALE FL 33009

Suite, Apt. #, etc.

21

Mailing Address

C/O GURLAND & GOLDBERG STE 500

HALLANDALE FL 33009

Suite, Apt. #, etc.

2a. Mailing Address

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90031 031 ****61.25



3. Date Incorporated or Qualifed

05/28/1991

65-6074298

4. FEI Number

2		27				65-6074298		Not Applicable
	City & State City & State				5. Certificate of Status Desired		5 Additional	
3		28				5. Certificate of Status Desired	Fee	e Required
Zip	Country		Zip	Country		6. Election Campaign Financing	₁ \$5.	00 May Be
4 25 29 3			30		Trust Fund Contribution	Add	led to Fees	
Name and Address of Current Registered Agent					I	10. Name and Address of New Regi	stered Agent	
				81	Name			
GURLAND & GOLDBERG, P.A. 2500 E. HALLANDALE BEACH BLVD. SUITE 500 HALLANDALE FL 33309				82				
				83				
				84	City		85	Zip Code
					1		FL 📉	
office or re agent. I as SIGNATURE	to the provisions of sections of 17-20 agistered agent, or both, in the State of the familiar with, and accept the obligation of the state of the section of the state of the section of t	of Florid tions of,	a. Such change was a Section 617.0503, Flo	uthorized by rida Statutes.	the corporati	poration submits this statement for the pur ion's board of directors. I hereby accept the d when reinstating)	e appointment a	s registered
12.	OFFICERS AND	D DIRE	CTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12
TITLE	D		☐ DELETE	1.1 TITLE			☐ Chai	nge 🔲 Additio
NAME	Mayer, Bernard A.			1.2 NAME	-			
STREET ADDRESS	1351 98TH STREET			1.3 STREET	TADORESS			
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CITY-S	T-ZIP			
TITLE	D		☐ DELETE	2.1 TITLE			☐ Char	nge 🗀 Additio
NAME	MAYER, NANETTE S.			2.2 NAME				
STREET ADDRESS	1351 98TH STREET			2.3 STREET	TADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			2. 4 CITY-S	ST-ZIP			
TITLE	D		☐ DELETE	3.1 TITLE			☐ Cha	nge 🗌 Additio
NAME.	ALEXANDER, RIKI			3.2 NAME				
NAME STREET ADORESS	ALEXANDER, RIKI 2943 TILDEN ST. N.W.			3.2 NAME 3.3 STREET	T ADDRESS			
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STREET ADORESS CITY-ST-ZIP	2943 TILDEN ST. N.W.		☐ DELÉTÉ	3.3 STREET		<u> </u>	☐ Cha	nge □ Additio
	2943 TILDEN ST. N.W. WASHINGTON DC		☐ DELETE	3.3 STREET 3.4. CITY-S		<u> </u>	☐ Chai	nge Additio
STREET ADORESS CITY+ST-ZIP TITLE	2943 TILDEN ST. N.W. WASHINGTON DC		☐ DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE	ST-ZIP	<u> </u>	☐ Cha	nge □ Additio
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STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2943 TILDEN ST. N.W. WASHINGTON DC D MAYER, ROBERT S. 590 COCONUT CIR		☐ DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	TADDRESS	<u>5</u> .	☐ Cha	
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Indicated on this annual report or supplied with this limit does not quality for the exemption stated in 3ection 179.07(3)(f), Fronta statutes, in the first that it am indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

Applied For

Not Applicable