

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000285

Name

MARY ANN AND HAROLD PERPER FOUNDATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90002 003 ****61.25

Principal Place of Business Mailing Address
THOMAS DR 47 ST THOMAS DR
BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-4598
US

00014998



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 65-0370994 Applied For Not Applicable

Country Zip Country

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

PERPER, HAROLD E
ST THOMAS DR
PALM BEACH GARDENS FL 33418

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 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

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
ST ADDRESS ST-ZIP	PD PERPER, HAROLD E 47 ST THOMAS DR PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS ST-ZIP	VPD RAFFERTY, CATHERINE, M 4730 MASS. AVE. N.W. WASHINGTON DC 20016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS ST-ZIP	STD PERPER, MARY A 47 ST THOMAS DR PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Harold E Perper Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Jan 31, 2000 Daytime Phone # 861-7762325

CR2E037 (9/99)