

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90053 019 ****61.25

DOCUMENT # N92000000285

1. Entity Name

THE MARY ANN AND HAROLD PERPER FOUNDATION, INC.



Principal Place of Business

**331 SE 9TH LANE
BOCA RATON FL 33432
US**

Mailing Address

**331 SE 9TH LANE
BOCA RATON FL 33432
US**

90008379



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

331 S.E. 9TH LANE

3. Mailing Address

331 S.E. 9TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number **65-0370994**

Applied For

Not Applicable

Zip

33432

Country

U.S.A.

Zip

33432

Country

U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERPER, HAROLD E
331 SE 9TH LANE
BOCA RATON FL 33432**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PERPER, HAROLD E**
STREET ADDRESS **331 SE 9TH LANE**
CITY - ST - ZIP **BOCA RATON FL 33432**

TITLE **VPD** ☐ Delete
NAME **RAFFERTY, CATHERINE, M**
STREET ADDRESS **4400 48TH ST NW**
CITY - ST - ZIP **WASHINGTON DC 20016**

TITLE **STD** ☐ Delete
NAME **PERPER, MARY A**
STREET ADDRESS **331 SE 9TH LANE**
CITY - ST - ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

HAROLD E PERPER

1-18-03

561 368 9101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)