

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90048 032 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000181

1. Corporation Name

THE FRIEDMAN FAMILY FOUNDATION, INC.

Principal Place of Business

440 ROYAL PALM WAY
SUITE 200
PALM BEACH FL 33480

Mailing Address

440 ROYAL PALM WAY
SUITE 200
PALM BEACH FL 33480



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/08/1993

4. FEI Number

65-0384894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

YUDENFREUND, JOEL H
440 ROYAL PALM WAY
SUITE 200
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

205 Royal Palm Way

83

84 City *Palm Beach*

FL

85 Zip Code
33480

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME FRIEDMAN, JACOB W
STREET ADDRESS 2500 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D/T
NAME FRIEDMAN, BEUJAH E
STREET ADDRESS 2500 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL

TITLE S
NAME YUDENFREUND, JOEL H
STREET ADDRESS 440 ROYAL PALM WAY/ STE - 200
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D
NAME CAMERON, SUSAN L
STREET ADDRESS 1215 SOUTHWOOD COURT
CITY-ST-ZIP ANN ARBOR MI

TITLE D
NAME FRIEDMAN, WILLIAM H
STREET ADDRESS HAMMOND HOUSE / 71 HAMMOND ST
CITY-ST-ZIP CAMBRIDGE MA

TITLE D
NAME BERGMAN, PETER G
STREET ADDRESS 100 MAIDEN LANE
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 205 Royal Palm Way
3.4 CITY-ST-ZIP Palm Beach FL 33480

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

SIGNATURE REQUIRED

Not Noted 2/16/99 561 588 4764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)