

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000181

1. Entity Name

THE FRIEDMAN FAMILY FOUNDATION, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90105 013 ****61.25

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 33480-4142

2. Principal Place of Business

505 S. Flagler Drive

3. Mailing Address

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

33401

Country
USA

Zip

33401

Country

USA

4. FEI Number

65-0384894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

YUDENFREUND, JOEL H
205 ROYAL PALM WAY
PALM BEACH FL 33480

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	P/D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, JACOB W	
STREET ADDRESS	2500 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	FRIEDMAN, BEUJAH E	
STREET ADDRESS	2500 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	YUDENFREUND, JOEL H	
STREET ADDRESS	205 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMERON, SUSAN L	
STREET ADDRESS	1215 SOUTHWOOD COURT	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, WILLIAM H	
STREET ADDRESS	HAMMOND HOUSE / 71 HAMMOND ST	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGMAN, PETER G	
STREET ADDRESS	100 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Joel H. Friedman REQUIRE B.W. FRIEDMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000 561 588 4764
Date Daytime Phone #

CR2E037 (9/99)