

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000181

Entity Name

THE FRIEDMAN FAMILY FOUNDATION, INC.

FILED  
Sep 19, 2002 8:00 am  
Secretary of State  
09-19-2002 90158 013 \*\*\*236.25

Principal Place of Business	Mailing Address
505 E. FLAGLER DR STE 300 WEST PALM BEACH FL 33401	505 E. FLAGLER DR STE 300 WEST PALM BEACH FL 33401

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	65-0384894	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

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 \_\_\_\_\_

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 \_\_\_\_\_

After September 13, 2002, minimum will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: Jacob W Friedman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
9/17/02 516 482 2470  
Date Daytime Phone #

CR2E037 (4/02)