

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90228 030 ****61.25

DOCUMENT # N93000000181

1. Entity Name

THE FRIEDMAN FAMILY FOUNDATION, INC.



Principal Place of Business

**505 E. FLAGLER DR
STE 300
WEST PALM BEACH FL 33401**

Mailing Address

**505 E. FLAGLER DR
STE 300
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2500 S. Ocean Blvd 2B3

Suite, Apt. #, etc.

2500 S. Ocean Blvd. 2B3

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

Palm Beach

Zip

33480

Country

Palm Beach

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

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

TITLE **S** ☐ Delete
NAME **YUDENFREUND, JOEL H**
STREET ADDRESS **205 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

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

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

TITLE ☒ Change ☐ Addition
NAME **FRIEDMAN, BEUJAH E.**
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4975 Llewellyn Drive**
CITY-ST-ZIP **West Palm Beach, FL 33415**

TITLE ☒ Change ☐ Addition
NAME **Bergmann, Peter G.**
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:

Signature Required **Jacob W. Friedman**

2/11/03

Daytime Phone #

CR2E037 (10/02)