2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
02-17-2002 90019 022 ****70.00

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DOCUMENT # N94000003601

1. Entity Name

THE PHILIP E. AND NANCY B. BEEKMAN FOUNDATION, I NC.

Principal Place of Business	Mailing Address
2120 GREENBRIAR LN HARBOR RIDGE. PALM CITY FL 33490 US	2120 GREENBRIAR LN HARBOR RIDGE PALM CITY FL 33490 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0516127 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEEKMAN, PHILIP 2120 GREENBRIAR LANE HARBOR RIDGE PALM CITY FL 34990	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT BEEKMAN, PHILIP 2120 GREENBRIAR LANE, HARBOUR RIDGE PALM CITY FL 33490	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BEEKMAN, NANCY 2120 GREENBRIAR LANE, HARBOUR RIDGE PALM CITY FL 33490	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINOWITZ, BETSY 16 HOLLY STREET PROVINENCE RI 0290	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELIZABETH BEEKMAN 16 HOLLY STREET PROVIDENCE, RI 02906	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, LESLIE B 7234 E 700 N BROWNSBURG IN 46112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, NANCY 231 SHERMAN DRIVE SCOTT VALLEY CA 95066	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NANCY MEARS 231 SHERMAN DRIVE SCOTTS VALLEY, CA 95066	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHER, ROBERT A CPA RD HUNTER & COMPANY LLP, ONE MACK CENTRE PARAMUS NJ 07652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHERS, ROBERT A RD HUNTER & COMPANY LLP, 17-17 ROUTE 208 FAIR LAWN, NJ 07652	☒ Change ☐ Addition

CR2E037 (9/01)

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 ROBERT A MATHERS, CPA (201)261-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #