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

FILED
May 09, 2003 8:00 am
Secretary of State
05-09-2003 90143 025 ****70.00

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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

☐ CHECK HERE IF MAKING CHANGES

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

BEEKMAN, PHILIP
2120 GREENBRIAR LANE
HARBOR RIDGE
PALM CITY FL 34990

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			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 BEEKMAN, ELIZABETH 16 HOLLY STREET PROVIDENCE RI 02906	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D BEEKMAN, ELIZABETH 21 ARLINGTON AVE PROVIDENCE RI 02906
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 MEARS, NANCY 231 SHERMAN DR SCOTT VALLEY CA 95066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHERS, ROBERT A RD HUNTER & CO. LLP, 17-17 RT 208 PARAMUS NJ 07652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D MATHERS, ROBERT A RD HUNTER & CO. LLC, 17-17 RT 208 FAIR LAWN, NJ 07410

CR2E037 (10/02)

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 ROBERT A MATHERS, CPA 201-261-4030