

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90031 034 \*\*\*\*61.25

**DOCUMENT # N95000000442**

1. Entity Name  
**THE GORGE & IDA MESTEL FOUNDATION, INC.**

**844689**

|  |  |
|--|--|
| Principal Place of Business<br><b>13909 LEHAVRE DRIVE<br/>         PALM BEACH GARDENS<br/>         FLORIDA 33410</b> | Mailing Address<br><b>13909 LEHAVRE DRIVE<br/>         PALM BEACH GARDENS<br/>         FLORIDA 33410</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |              |                                       |  |
|---|--------------|---------------------------------------|--|
| City & State  | City & State | 4. FEI Number<br><b>65-0559509</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip   | Country      | Zip                                   | Country  |
| 5. Certificate of Status Desired <input type="checkbox"/> |              | <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent  
**HARRY MESTEL MESTEL  
 13909 LEHAVRE DRIVE  
 PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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<br>DPT<br>NAME<br>HARRY MESTEL<br>STREET ADDRESS<br>13909 LEHAVRE DRIVE<br>CITY-ST-ZIP<br>PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete |
| TITLE<br>DS<br>NAME<br>ELAINE RICH<br>STREET ADDRESS<br>301 W. 57TH ST., Apt. 15c<br>CITY-ST-ZIP<br>NEW YORK, NY 10019       | <input type="checkbox"/> Delete |
| TITLE<br>D<br>NAME<br>STANLEY MESTEL<br>STREET ADDRESS<br>579 FLANDERS DRIVE<br>CITY-ST-ZIP<br>NORTH WOODMERE, NY 11581      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *Harry Mestel* Pres. 4/13/2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)