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

## DOCUMENT # N9500000442

1. Entity Name

THE GEORGE AND IDA MESTEL FOUNDATION, INC.



**FILED** Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90271 030 \*\*\*\*61.25

Principal Place of Business			Mailing Address								
13909 LEHAVRE DRIVE PALM BEACH GARDENS FL 33410		. 116_CLEVELAND AVENUE N.W. SUITE 525 CANTON OH 44702									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEi Number 65-0559509				plied For t Applicable
Zip	Country	Country Zip		Cou	intry					\$8.75 Additional see Required	
6. Name and Address of Current Registered Agent							7. Name and A	ddress of Nev	w Registered A	gent	
A COLUMN TO SERVICE STATE OF THE SERVICE STATE OF T					Name Name						
MESTEL, 13909 LA	Street Address (I			P.O. Box Number is Not Acceptable)							
Palm be	ACH GARDENS FL 33410										
					City				FL	Zip Code	9
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 orida Depart		
10.	OFFICERS AND DIF	RECTORS		11.		Α	DDITIONS/CHAN	IGES TO OFFI	CERS AND DIF	ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT   MESTEL, HARRY   13909 LEHAVRE DRIVE   PALM BEACH GARDENS FL 3341	10	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RICH, ELAINE 301 W. 57TH ST., APT. 15C NEW YORK NY 10019		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESTEL, STANLEY 579 FLANDERS DRIVE NORTH WOODMERE NY 11581		☐ Delete		ET ADDRESS	D MEST 3800 HOLI	CEL STAI SOUTH ( LYWOOD,	NLEY OCEAN I FL 330]	ORAPT	X Change . 1704	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	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:

4/24/03 1-330=192-9788