

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90071 005 ****70.00

DOCUMENT # **NA500000125A ✓**

1. Entity Name

Foundation For Jacobson Resonance, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8137 MIZNER LANE

3. Mailing Address

8137 MIZNER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca RATON, FLA

City & State

Boca RATON, FLA

4. FEI Number

65-0566141

Applied For

Not Applicable

Zip

33433

Country

Palm Beach

Zip

33433

Country

Palm Beach

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HARVEY GROSSMAN

Street Address (P.O. Box Number is Not Acceptable)

8137 MIZNER LANE

City

Boca RATON

FL

Zip Code

33433

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IN THIS SPACE**

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

HARVEY GROSSMAN, PRES.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

FEE IS \$61.25

Initial or Amended UBR

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 *PD*
NAME *HARVEY GROSSMAN*
STREET ADDRESS *8137 MIZNER LANE*
CITY-ST-ZIP *Boca RATON, FLA. 33433*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *DS*
NAME *ROSALYN GROSSMAN*
STREET ADDRESS *8137 MIZNER LANE*
CITY-ST-ZIP *Boca RATON, FLA. 33433*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *TD*
NAME *PAUL HUNDREDMARK*
STREET ADDRESS *5495 N.E. 25 Ave. #301*
CITY-ST-ZIP *FT LAUDERDALE, FLA*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Harvey Grossman HARVEY GROSSMAN Pres. 4/29/02 361.883.1183

CR2E037B (12/01)