

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

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90058 023 ****61.25

DOCUMENT # N95000006041

1. Entity Name

SAMUEL & IRA BORN FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

354 EAGLE DR

Suite, Apt. #, etc.

3. Mailing Address

354 EAGLE DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JUPITER, FL

City & State
JUPITER, FL

4. FEI Number
65-0659157

Applied For
Not Applicable

Zip
33477

Country

Zip
33477-4066

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

IRA B. BORN

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

354 EAGLE DR

City

JUPITER

FL

Zip Code
33477

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
IRA B. BORN
354 EAGLE DR
JUPITER, FL 33477

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
ELAINE S. BORN
354 EAGLE DR
JUPITER, FL 33477

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOWARD A. WIENER
13245 VERDUN DR
PALM BEACH GARDENS FL 33410

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DOUGLAS M. SELWYN
DAVIS + SELWYN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3850 ONE HOUSTON CENTER
1221 MCKINNEY
HOUSTON, TX 77010

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)