

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000006052

1. Entity Name

BESNER FAMILY FOUNDATION, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90048 047 ****61.25

Principal Place of Business

19707 NE 36 COURT APT PH-F
APT. PHF
AVENTURA FL 33180
US

Mailing Address

19707 NE 36 COURT APT PH-F
APT. PHF
AVENTURA FL 33180-2566
US

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

65-0641079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0021254



6. Name and Address of Current Registered Agent

BESNER, JOANNE
19707 NE 36TH CT - PHF
AVENTURA FL 33180

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.

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 Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BESNER, STANLEY
STREET ADDRESS 19707 NE 36 COURT APT PH-F
CITY-ST-ZIP AVENTURA FL ☐ Delete

TITLE VSTD
NAME BESNER, JOANNE A
STREET ADDRESS 19707 NE 36 COURT APT PH-F
CITY-ST-ZIP AVENTURA FL ☐ Delete

TITLE D
NAME BESNER, BRAD N
STREET ADDRESS 681 NW 101 TERRACE
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE D
NAME COHEN, BRANDY
STREET ADDRESS 1611 NW 101 WAY
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10303 SW 26TH ST.
CITY-ST-ZIP DAVIE FL 33324

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joanne Besner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-07-2000

Date

Daytime Phone #

305-
932-5001

CR2E037 (9/99)