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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600003741

WEBMAN FAMILY FOUNDATION, INC.

Principal Place of Business 720 CORAL WAY APT 13-E

Mailing Address

720 CORAL WAY APT 13-E

FILED Feb 25, 1999 8:00 am Secretary of State

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CORAL GABLES FL 33134 CONAL GABLES FL 33134			34							
Principal Place of Business 2a. Mailing Address 26						3. Date Incorporated or Qualifed 07/16/1996				
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					4. FEI Number 65-0694401		Not	lied For Applicable		
City & 5	City & State City & State					5. Certificate of Status Desired \$8.75 Additional Fee Required				
Zip	Country 25	Zip Cour 29 30			*****	Election Campaign Financing Trust Fund Contribution	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	5. Name and Address of Curron	. regional rigani		81	Name					
WEBMAN, JEFFREY 360 GOLF BROOK CIR				82	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 104				83						
LONGWOOD FL 32779				84			FL	85 Zip C		
-65-00	ant to the provisions of Sections 617.0502 or registered agent, or both, in the State of a m familiar with, and accept the obligat	nt Fiorida. Such change wa	s auuloi	IIZGU DY	HID COIPC	corporation submits this statement for the ration's board of directors. I hereby accep	purpose of control the appoint	hanging its r tment as reg	egistered istered	
SIGNATUR	RE	(4)	ÕŤE. Danie	trund Acon	t elegatura re	quired when reinstating)	DATE			
	Signature, typed or printed name of registered agen			13.	it signature re	ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTOR	RS IN 12	
12. OFFICERS AND BIRECTORS						Applitoror and a state of the s		Change	Addition	
(l n	☐ DELETE		1.1 TITLE	1					

1.2 NAME WEBMAN, HAROLD NAME 1.3 STREET ADDRESS 720 CORAL WAY APT 13-E STREET ADDRESS 1.4 CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME WEBMAN, MARK NAME 6100 PARADISE POINTE DR 2.3 STREET ADDRESS STREET ADDRES 2.4 CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME WEBMAN, JEFFREY NAME 3.3 STREET ADDRESS STREET ADDRESS 6625 SANTONA 3.4. CITY-ST-ZIP CORAL GABLES FL 33146 CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME WEBMAN, JEFFREY NAME 360 GOLF BROOK CIR, SUITE 104 4.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5171TLF TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: