

2000 UNIFORM BUSINESS REPORT (UBR)

8/

DOCUMENT # N96000003741

1. Entity Name

WEBMAN FAMILY FOUNDATION, INC.

FILED
Sep 01, 2000 8:00 am
Secretary of State

08-15-2000 90008 049 ****61.25

Principal Place of Business

720 CORAL WAY APT 13-E
CORAL GABLES FL 33134

Mailing Address

720 CORAL WAY APT 13-E
CORAL GABLES FL 33134

2. Principal Place of Business

360 GOLF BROOK CIRCLE

3. Mailing Address

360 GOLF BROOK CIRCLE

Suite, Apt. #, etc.

APT 104

Suite, Apt. #, etc.

APT 104

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

Zip

32779

Country

U.S.A.

Zip

32779 -

Country

U.S.A.

4. FEI Number

65-0694401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBMAN, JEFFREY
360 GOLF BROOK CIR
SUITE 104
LONGWOOD FL 32779

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
After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	WEBMAN, HAROLD	
STREET ADDRESS	720 CORAL WAY APT 13-E	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBMAN, JEFFREY	
STREET ADDRESS	6625 SANTONA	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBMAN, JEFFREY	
STREET ADDRESS	360 GOLF BROOK CIR, SUITE 104	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	WEBMAN, MARK	<input type="checkbox"/> Delete
NAME	6601 SW 80 ST. #212	
STREET ADDRESS	MIAMI, FL 33143	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JEFFREY WEBMAN

8/10/00

407-415-5162

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Capital Expense

CR2E037 (500)