

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90011 006 \*\*\*\*61.25

**DOCUMENT # N96000003741**

1. Entity Name

**WEBMAN FAMILY FOUNDATION, INC.**

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**105 FOX VALLEY CT.**

**LONGWOOD FL**

**32779**

00074445



DO NOT WRITE IN THIS SPACE

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 **JEFFREY WEBMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**105 FOX VALLEY CT**  
 City **LONGWOOD** FL Zip Code **32779**

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 12, 2001, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEBMAN, HAROLD</b>	
STREET ADDRESS	<b>720 CORAL WAY APT 13-E</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEBMAN, JEFFREY</b>	
STREET ADDRESS	<b>6625 SANTONA</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEBMAN, JEFFREY</b>	
STREET ADDRESS	<b>360 GOLF BROOK CIR, SUITE 104</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARK WEBMAN</b>	
STREET ADDRESS		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFFREY WEBMAN</b>	
STREET ADDRESS	<b>105 FOX VALLEY CT</b>	
CITY-ST-ZIP	<b>LONGWOOD, FL, 32779</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARK WEBMAN</b>	
STREET ADDRESS	<b>6601 S.W. 80 ST</b>	
CITY-ST-ZIP	<b>56 MIAMI, FL, 33143</b>	
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		

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

SIGNATURE

**7/23/01 569-9060**

CR2E037 (5/01)