

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90035 029 ****70.00

0030375

DOCUMENT # N96000003985

1. Corporation Name

BEN & ROSE FLEEMAN FAMILY FOUNDATION, INC.

Principal Place of Business
4200 BISCAYNE BOULEVARD
MIAMI FL 33137

Mailing Address
4200 BISCAYNE BOULEVARD
MIAMI FL 33137



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/30/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0682793

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, STEPHEN E
4200 BISCAYNE BOULEVARD
MIAMI FL 33137

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors; I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE D ☐ DELETE

NAME KRAVITZ, STEVEN J
STREET ADDRESS 4000 ISLAND BLVD. APT. 2506
CITY-ST-ZIP WILLIAMS ISLAND FL 33160

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SCHWARTZ, MAXINE
STREET ADDRESS 4280 N. HILLS DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33021

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SOLOMON, JACOB
STREET ADDRESS 4200 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33137

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ROSE, STEPHEN E
STREET ADDRESS 4200 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI FL 33137

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME FLEEMAN, DAVID B
STREET ADDRESS 321 W. DILDO DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33139

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME FLEEMAN, GREGORY G
STREET ADDRESS 321 W. DILDO DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33139

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)