

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90125 022 ****70.00

DOCUMENT # N96000003985

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0682793**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SELTZER, ROBERT A
4200 BISCAYNE BOULEVARD
MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name **LANDE, STEPHEN C.**

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

4200 BISCAYNE BOULEVARD

City **MIAMI**

FL

Zip Code

33137

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	KRAVITZ, STEVEN J	4000 ISLAND BLVD. APT. 2506	WILLIAMS ISLAND FL 33160	<input type="checkbox"/>
D	SCHWARTZ, MAXINE	4280 N. HILLS DRIVE	HOLLYWOOD FL 33021	<input type="checkbox"/>
D	SOLOMON, JACOB	4200 BISCAYNE BLVD.	MIAMI FL 33137	<input type="checkbox"/>
DS	EISENBERG, HERBERT	4200 BISCAYNE BOULEVARD	MIAMI FL 33137	<input type="checkbox"/>
D	FLEEMAN, DAVID B	321 W. DILIDO DRIVE	MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>
D	FLEEMAN, GREGORY G	321 W. DILIDO DRIVE	MIAMI BEACH FL 33139	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	LANDE, STEPHEN C.	4200 BISCAYNE BLVD.	MIAMI, FL 33137	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03

305-576-4000

CR2E037 (10/02)