

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000517

1. Entity Name

THE SEGAL FAMILY FOUNDATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90047 026 ****61.25

Principal Place of Business

860 LAKEVIEW DRIVE
MIAMI BEACH FL 33140

Mailing Address

2655 LEJUNE ROAD SUITE 1101
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0678828

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN E. SEGAL, P.A.
2655 LEJEUNE ROAD
SUITE 1101
CORAL GABLES FL 33134

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SEGAL, ROSE
STREET ADDRESS 860 LAKEVIEW DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSTD ☐ Delete
NAME SEGAL, MARTIN E
STREET ADDRESS 2899 COLLINS AVE, PH-K
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SEGAL, HOWARD A
STREET ADDRESS ~~5 ABODE DRIVE~~
CITY-ST-ZIP NEW LEBANON NY 12125

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS → 23 SPRING HILL ROAD
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SEGAL (BERNSTEIN), SKYWARD B
STREET ADDRESS 110 FIRST TERRACE
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SEGAL (GOLDMAN), RUTH S
STREET ADDRESS 18141 SW 27TH ST
CITY-ST-ZIP MIAMI FL 33029

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS → MIRAMAR
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SEGAL, BARRY DAVID
STREET ADDRESS 2514 OAKENSHIELD DR
CITY-ST-ZIP POTOMAC MD 20854

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/00 (305) 284-4870

CR2E037 (9/99)