

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000517

1. Entity Name

THE SEGAL FAMILY FOUNDATION, INC.

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

Zip

Country

Zip

Country

4. FEI Number

65-0678828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees 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  
NAME SEGAL, ROSE  
STREET ADDRESS 860 LAKEVIEW DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

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

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

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

TITLE VD  
NAME SEGAL, HOWARD A  
STREET ADDRESS 23 SPRINGHILL ROAD  
CITY-ST-ZIP NEW LEBANON NY 12125 ☐ Delete

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

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

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

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

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

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

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

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

Date

Daytime Phone #

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90161 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)