

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91389 007 ****61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0678828**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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

4/23/03

305-284-4870

CR2E037 (10/02)