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FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001188 (8)

1. Corporation Name

THE B & SD FRIEDLAND FOUNDATION, INC.

Principal Place of Business

Mailing Address

 240 S PINEAPPLE AVENUE
TENTH FLOOR
SARASOTA FL 34236

 240 S PINEAPPLE AVENUE
TENTH FLOOR
SARASOTA FL 34236

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

65-0731392

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes☒ No8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.☐ Yes☐ No N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 WEST, JOHN W III
240 S PINEAPPLE AVENUE
TENTH FLOOR
SARASOTA FL 34236

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	PD	<input type="checkbox"/> DELETE
NAME	FRIEDLAND, BERNARD	
STREET ADDRESS	4159 NORTH PRAIRIE VIEW DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	FRIEDLAND, SHIRLEY D	
STREET ADDRESS	4159 NORTH PRAIRIE VIEW DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	0	<input type="checkbox"/> DELETE
NAME	FRIEDLAND, BETH R MD	
STREET ADDRESS	10 PARK PLAZA, STE 3	
CITY-ST-ZIP	RESEARCH TRIANGLE PARK NC 27709	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	0	<input type="checkbox"/> DELETE
NAME	FRIEDLAND, JAY S	
STREET ADDRESS	P.O. BOX 4440	
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94040	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	N/A
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

 Bernard Friedland
President

CR2E037 (10/97)