

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001188

1. Entity Name

THE B & SD FRIEDLAND FOUNDATION, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90003 039 \*\*\*\*61.25

Principal Place of Business

240 S PINEAPPLE AVENUE  
TENTH FLOOR  
SARASOTA FL 34236

Mailing Address

240 S PINEAPPLE AVENUE  
TENTH FLOOR  
SARASOTA FL 34236-6717

2. Principal Place of Business

3. Mailing Address

P.O. Box 3947

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Sarasota, Florida

4. FEI Number

65-0731392

Applied For

Not Applicable

Zip

Country

Zip  
34230-3947

Country  
USA

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

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

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 FRIEDLAND, BERNARD  
STREET ADDRESS 4159 NORTH PRAIRIE VIEW DRIVE  
CITY-ST-ZIP SARASOTA FL 34232

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

TITLE STD ☐ Delete  
NAME FRIEDLAND, SHIRLEY D  
STREET ADDRESS 4159 NORTH PRAIRIE VIEW DRIVE  
CITY-ST-ZIP SARASOTA FL 34232

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

TITLE D ☐ Delete  
NAME FRIEDLAND, BETH R MD  
STREET ADDRESS 10 PARK PLAZA, STE 3  
CITY-ST-ZIP RESEARCH TRIANGLE PARK NC 27709

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

TITLE D ☐ Delete  
NAME FRIEDLAND, JAY S  
STREET ADDRESS PO BOX 1278  
CITY-ST-ZIP SANTA CRUZ CA 95061-1278

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS N/A  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Bernard Friedland Bernard Friedland  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

04/03/2000 941-378-9301

Date

Daytime Phone #

CR2E037 (9/99)