

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0051617

DOCUMENT # N97000001188

1. Entity Name

THE B & SD FRIEDLAND FOUNDATION, INC.

04-09-2002 90046 005 ****61.25

Principal Place of Business

Mailing Address

**240 S PINEAPPLE AVENUE
TENTH FLOOR
SARASOTA FL 34236**

**PO BOX 3947
SARASOTA FL 34230-3947
US**

2. Principal Place of Business

1858 Ringling Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

4. FEI Number

65-0731392

Applied For

Not Applicable

Zip

34236

Country

USA

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

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

Name **Caroline D. Strickland, CPA**

Street Address (P.O. Box Number is Not Acceptable)
1858 Ringling Blvd

City **Sarasota**

FL

Zip Code **34236**

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

Caroline Strickland

Caroline D. Strickland

3/21/02

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
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard Friedland, President 21 MAR 2002 94-378-9301

Date

Daytime Phone #

CP2E037 (9/01)