

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003369

1. Entity Name

THE JULIUS STULMAN FOUNDATION, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90245 042 ****61.25

Principal Place of Business PETER MATWICZYK, HOLLAND & KNIGHT LLP 625 N. FLAGLER DR., STE. 700 PALM BEACH FL 33401	Mailing Address C/O STEPHEN STULMAN 171 WEST STREET BROOKLYN NY 11222-1317
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DO NOT WRITE IN THIS SPACE

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 31-1550822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	STULMAN, STEPHEN L	
STREET ADDRESS	151 CENTRAL PARK WEST	
CITY-ST-ZIP	NEW YORK NY 10023	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STULMAN, ELGA K	
STREET ADDRESS	151 CENTRAL PARK WEST	
CITY-ST-ZIP	NEW YORK NY 10023	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STULMAN, JAMES K	
STREET ADDRESS	126 RIVERSIDE DRIVE	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GILBERT, JOAN S	
STREET ADDRESS	1595 SPRING VALLEY ROAD	
CITY-ST-ZIP	OSSINING NY 10562	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 [Signature] 1/11/00 718-383-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)