

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90032 013 \*\*\*\*61.25

**DOCUMENT # N97000003369**

1. Entity Name

**THE JULIUS STULMAN FOUNDATION, INC.**

Principal Place of Business

Mailing Address

PETER MATWICZYK, HOLLAND & KNIGHT LLP  
 625 N. FLAGLER DR., STE. 700  
 PALM BEACH FL 33401

C/O STEPHEN STULMAN  
 171 WEST STREET  
 BROOKLYN NY 11222

2. Principal Place of Business

3. Mailing Address

*c/o Stephen L. Stulman*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*151 Central Park West*

City & State

City & State

*New York, NY*

4. FEI Number

**31-1550822**

Applied For

Not Applicable

Zip

Country

Zip

*10023*

Country

*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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  Delete  
 NAME **DP**  
**STULMAN, STEPHEN L**  
 STREET ADDRESS **151 CENTRAL PARK WEST**  
 CITY-ST-ZIP **NEW YORK NY 10023**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DV**  
**STULMAN, ELGA K**  
 STREET ADDRESS **151 CENTRAL PARK WEST**  
 CITY-ST-ZIP **NEW YORK NY 10023**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DS**  
**STULMAN, JAMES K**  
 STREET ADDRESS **126 RIVERSIDE DRIVE**  
 CITY-ST-ZIP **NEW YORK NY 10024**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT**  
**GILBERT, JOAN S**  
 STREET ADDRESS **1595 SPRING VALLEY ROAD**  
 CITY-ST-ZIP **OSSINING NY 10562**

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: \_\_\_\_\_

*Stephen L. Stulman* REGISTERED **STEPHEN L STULMAN**

*3/21/01*

**718-383-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)