

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006051

1. Entity Name

THE MERRILL D. AND ELIZABETH T. FREEMAN FOUNDATI

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90014 018 ****61.25

Principal Place of Business

7300 S.W. 47TH COURT
MIAMI FL 33143

Mailing Address

7300 S.W. 47TH COURT
MIAMI FL 33143

LUUS7036

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

13-6088829

Applied For

Not Applicable

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

OLAZABAL, F. DAVID
7300 S.W. 47TH COURT
MIAMI FL 33143

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 D ☐ Delete
NAME OLAZABAL, F D
STREET ADDRESS 100 EDGEWATER DRIVE #141
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE D ☐ Change ☒ Addition
NAME OLAZABAL, ELIZABETH F.
STREET ADDRESS 7300 S.W. 47TH COURT
CITY-ST-ZIP MIAMI, FL. 33143

TITLE D ☐ Delete
NAME OLAZABAL, MARY E
STREET ADDRESS 215 W. 84TH STREET
CITY-ST-ZIP NEW YORK NY 10024

TITLE D ☒ Change ☐ Addition
NAME OLAZABAL, F.D.
STREET ADDRESS 1435 ANCONA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D ☒ Delete
NAME ARGUELLES, ROSA M
STREET ADDRESS 8000 OLD CUTLER ROAD
CITY-ST-ZIP MIAMI FL 33143

TITLE D ☒ Change ☐ Addition
NAME OLAZABAL, MARY E
STREET ADDRESS 1132 CASTLE AVENUE
CITY-ST-ZIP CORAL GABLES, FL. 33134

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

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:

ELIZABETH F. OLAZABAL

ELIZABETH F. OLAZABAL, 3/05/01 305-666-6062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)