

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)** 2517.71

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90088 019 ****61.25

DOCUMENT # N98000003602

1. Entity Name

THE BEN AND EVELYN WILSON FOUNDATION, INC.



Principal Place of Business

**2720 HERWALD STREET
SARASOTA FL 34231**

Mailing Address

**2720 HERWALD STREET
SARASOTA FL 34231**

2. Principal Place of Business

2 Mt Hermon Rd

3. Mailing Address

2728 2nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Blairstown, N.J.

City & State

Santa Monica CA.

Zip

07825

Country

USA

Zip

90405

Country

USA

4. FEI Number **31-1604870**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILSON, BEN
2720 HERWALD STREET
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name
BAND, Gregory S.
Street Address (P.O. Box Number is Not Acceptable)
1680 Fruitville Road, Suite 102
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Gregory S. Band* **Gregory S. Band** **3/7/03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **WILSON, BEN**
STREET ADDRESS **2720 HERWALD STREET**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VD** ☒ Delete
NAME **WILSON, EVELYN**
STREET ADDRESS **2720 HERWALD STREET**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **TD** ☒ Delete
NAME **JAFFE, JOANNE**
STREET ADDRESS **2728 SECOND STREET**
CITY-ST-ZIP **SANTA MONICA CA 90405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSD** ☐ Change ☒ Addition
NAME **Jaffe, Joanne**
STREET ADDRESS **2728 2nd St.**
CITY-ST-ZIP **Santa Monica, CA 90405**

TITLE **VD** ☐ Change ☒ Addition
NAME **Rosenblatt, Jay**
STREET ADDRESS **126 Sherman Ave.**
CITY-ST-ZIP **Teaneck, N.J. 07666**

TITLE **TD** ☐ Change ☒ Addition
NAME **WILSON, Evelyn**
STREET ADDRESS **2728 2nd St.**
CITY-ST-ZIP **Santa Monica, CA. 90405**

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

TITLE ☐ Change ☐ Addition
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: *Joanne Jaffe* **Joanne Jaffe**

Feb. 12, 2003 310 399-8639

CR2E037 (10/02)