

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005455**

1. Entity Name

THE HARRIET M. FINGER CHARITABLE FOUNDATION, INC**FILED****Mar 07, 2000 8:00 am**
Secretary of State

03-07-2000 90041 048 ****61.25

Principal Place of Business

Mailing Address

17341 ALLENBURY COURT
BOCA RATON FL 33496**17341 ALLENBURY COURT**
BOCA RATON FL 33496-5918

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0864822

Applied For

Not Applicable

Zip

Country

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****FINGER, HARRIET M**
17341 ALLENBURY COURT
BOCA RATON FL 33496

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:
FEES IS \$61.259. 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 **FINGER, HARRIET**
STREET ADDRESS **17341 ALLENBURY CT**
CITY-ST-ZIP **BOCA RATON FL 33446**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **FINGER, CHESTER**
STREET ADDRESS **17341 ALLENBURY CT**
CITY-ST-ZIP **BOCA RATON FL 33446**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **JUNES, LINDA**
STREET ADDRESS **704 SCHOONERS END**
CITY-ST-ZIP **SAUK RAPIDS MN 56379**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CURRERI, LISA MORRIS**
STREET ADDRESS **47 COLGATE RD**
CITY-ST-ZIP **GREAT NECK NY 11030**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **NEWMAN, JAY M**
STREET ADDRESS **110 E 59 ST**
CITY-ST-ZIP **NEW YORK NY 10022**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-2000**541-482-7711**

CR2E037 (9/99)