

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005455

1. Entity Name

THE HARRIET M. FINGER CHARITABLE FOUNDATION, INC

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90946 013 ****61.25

Principal Place of Business

Mailing Address

17341 ALLENBURY COURT
 BOCA RATON FL 33496

17341 ALLENBURY COURT
 BOCA RATON FL 33496

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

65-0864822

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

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: 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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS FINGER, HARRIET
 CITY-ST-ZIP 17341 ALLENBURY CT
 BOCA RATON FL 33446

TITLE ☐ Delete
 NAME D
 STREET ADDRESS FINGER, CHESTER
 CITY-ST-ZIP 17341 ALLENBURY CT
 BOCA RATON FL 33446

TITLE ☐ Delete
 NAME D
 STREET ADDRESS JONES, LINDA
 CITY-ST-ZIP 704 SCHOONERS END
 SAUK RAPIDS MN 56379

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CURRERI, LISA MORRIS
 CITY-ST-ZIP 47 COLGATE RD
 GREAT NECK NY 11030

TITLE ☐ Delete
 NAME D
 STREET ADDRESS NEWMAN, JAY M
 CITY-ST-ZIP 110 E 59 ST
 NEW YORK NY 10022

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-2003 561-482-7711