

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003553

1. Entity Name

THE SHIRLEY G. BENEROFE FOUNDATION INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90018 045 ****61.25

Principal Place of Business

Mailing Address

**4 NEW KING STREET
 PURCHASE NY 10577**

**POST OFFICE BOX 339
 PURCHASE NY 10577-0339**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-9031176

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NATIONSCORP REGISTERED AGENTS, INC.
 526 EAST PARK AVENUE
 SUITE 200
 TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME	BENEROFE, ANDREW R	
STREET ADDRESS	18 COTTAGE AVENUE	
CITY-ST-ZIP	PURCHASE NY 10577	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENEROFE, JAMES C	
STREET ADDRESS	28 ETHELRIDGE	
CITY-ST-ZIP	WHITE PLAINS NY 10605	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENEROFE, MITCHELL I	
STREET ADDRESS	15 HUTCHINSON COURT	
CITY-ST-ZIP	GREAT NECK NY 11023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Andrew R. Benerofe **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/30/00 914-681-5100
Date Daytime Phone #

CR2E037 (9/99)