2002 UNIFORM BUSINESS REPORT (UBR)

Aug 14, 2002 8:00 am Secretary of State DOCUMENT # N99000004528 08-14-2002 90027 011 ****61.25 WEISER FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 3250 MARY ST 3250 MARY ST RUISAASO COCONUT' GROVE FL 33133 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0979352 Not Applicable _ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FRIEDMAN, HARRY J GREENBERG TRAURIG, P.A. 1221 BRICKELL AVE City Zip Code MAMI FL 33131 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D. TIT! F ☐ Delete TITLE ☐ Change ☐ Addition LEFTON, DONALD E NAME 3250 MARY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition WEISER, DOUGLAS NAME 3250 MARY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FL 33133 CITY-ST-7IP TITLE ☐ Delete TITLE Addition ☐ Change WEISER, WARREN NAME 3250 MARY ST STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WEISER, BRADLEY NAME NAME 3250 MARY ST STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE · Addition Change NAME STREET ADDRESS STREET ADDRESS

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 with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED