

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90112 027 ****61.25

DOCUMENT # P34288

1. Entity Name

THE BROOKDALE FOUNDATION, INC.

Principal Place of Business

Mailing Address

126 E. 56TH STREET
 10TH FLOOR
 NEW YORK NY 10022-3668
 US

126 E. 56TH STREET
 10TH FLOOR
 NEW YORK NY 10022-3613
 US

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

13-6076863

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

HALL, VALERIE A.
15693 ANDERSON LANE
FT. MYERS FL 33912

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME SCHWARTZ, STEPHEN L.
 STREET ADDRESS 425 E. 58TH STREET
 CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE VPD
 NAME VAN CLIEF, MARY ANN
 STREET ADDRESS 601 TEANECK ROAD
 CITY-ST-ZIP RIDGEFIELD PARK NJ ☐ Delete

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

TITLE TS
 NAME PEREIRA, JEANETTE
 STREET ADDRESS 180 FLORAL PARKWAY
 CITY-ST-ZIP FLORA PARK NY ☐ Delete

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

TITLE D
 NAME FIELD, ARTHUR NORMAN
 STREET ADDRESS 35 SUTTON PLACE
 CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE AVP
 NAME BIGGS, VICTOR
 STREET ADDRESS 1941 MASSACHUSETTS AVE
 CITY-ST-ZIP ENGLEWOOD FL ☐ Delete

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

TITLE D
 NAME JULIBER, LOIS
 STREET ADDRESS 75 E. END AVENUE
 CITY-ST-ZIP NEW YORK NY ☐ Delete

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:

Mary Ann Van Clief (MARY ANN VAN CLIEF)
 Vice Pres.

4-25-00

212-644-0774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)