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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P37341** (5)

1. Corporation Name

BEST BUDDIES INTERNATIONAL, INC.

Principal Place of Business

**100 SE 2ND STREET
SUITE 1990
MIAMI FL 33131
US**

Mailing Address

**100 SE 2ND STREET
SUITE 1990
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**SHRIVER, ANTHONY
100 SE 2ND STREET
SUITE 1990
MIAMI FL 33131**

3. Date Incorporated or Qualified

01/30/1992

4. FEI Number

52-1614576

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?



Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BLANK, BRAD**
STREET ADDRESS **251 BEACON STREET STE 6**
CITY-ST-ZIP **BOSTON MA**

TITLE **PD** ☐ DELETE

NAME **SHRIVER, ANTHONY K**
STREET ADDRESS **100 SE 2ND STREET, SUITE 1990**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **ABRAMS, MIKE**
STREET ADDRESS **201 S. BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **SHRNER, EUNICE K.**
STREET ADDRESS **1325 G. STREET, SUITE 500**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **D** ☐ DELETE

NAME **KLINGMAN, GERARD A**
STREET ADDRESS **HEARST AGENCY, CHRYSLER BLDG., 24TH FLOOR**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

1/21/98

205 374-2233

CR2E037 (10/97)

BEST BUDDIES.



**BEST BUDDIES INTERNATIONAL, INC.
BOARD OF DIRECTORS**

Michael Abrams
Rauscher Pierce Resnes, Inc.
201 S. Biscayne Blvd., Suite 830
Miami, FL 33131
(305) 577-4400

Brad Blank
Attorney at Law
251 Beacon Street, Suite 6
Boston, MA 02116
(617) 247-9800

Ronald L. Book
Ronald L. Book, P.A.
2999 N.E. 191 Street, PH 6
North Miami Beach, FL 33180
(305) 935-1866

Florence D'Urso
65 Hillcrest Drive
Pelham, NY 10803
(212) 752-1327

Dr. Jim Desnick
Medical Management of America
980 N. Michigan Avenue,
Ste1665
Chicago, IL 60611
(312) 337-9000

Bob Friedman
Holland & Knight
701 Brickell Avenue, Suite
3000
Miami, FL 33131
(305) 789-7791

Arij Gasiunasen
Arij Gasiunasen Fine Art, Inc.
415 Hibiscus Avenue
Palm Beach, FL 33480
(407) 820-8920

Abraham Gosman
Maison de l'Armitie
513 North County Road
Palm Beach, FL 33480
(561) 881-1989

Dr. Michael Hartman
University of Utah
Department of Special
Education
Milton Bennion Hall
Salt Lake City, UT 84112
(801) 581-4082

Gerard A. Klingman
Hearst Agency
The Chrysler Building, 24th Floor
New York, NY 10174
(212) 867-7647

Ted Leonsis
America Online
8619 Westwood Center Drive
Vienna, VA 22182-2285
(703) 917-1890

Carl Lewis
7941 Katy Freeway, #286
Houston, TX 77024
(713) 956-9734

Jorge Morilla
2520 Red Road
Miami, FL 33155
(305) 666-8032

Penny Shore-Hume
82 Oriole Road
Toronto, Ontario
M4V 2G1
(416) 485-8196\

Alina Shriver
Britto Central
818 Lincoln Road
Miami Beach, FL 33139
(305) 531-8821

Anthony K. Shriver
President, Best Buddies Int'l.
100 S.E. 2 Street, Suite 1990
Miami, FL 33131
(305) 374-2233

Eunice Kennedy Shriver
Founder, Special Olympics Int'l.
1325 G. Street NW, Suite 500
Washington, DC 20005
(202) 824-0244

Richard Ziegelasch
Swiss Bank Corporation
10 East 50 Street
New York, NY 10022
(212) 574-3296

"The only way to have a friend is to be one." Ralph Waldo Emerson

100 Southeast Second Street, Suite 1990, Miami, FL 33131
Tel: (305) 374-2233 Fax: (305) 374-5305

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