

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90145 016 ***150.00

0407180 AV

DOCUMENT # P97000039460

1. Entity Name

SELIGMAN FAMILY INVESTMENTS, INC.

Principal Place of Business

**BROKEN SOUND CLUBSIDE POINT
2441 N.W. 59TH STREET, SUITE 503
BOCA RATON FL 33496**

Mailing Address

**BROKEN SOUND CLUBSIDE POINT
2441 N.W. 59TH STREET, SUITE 503
BOCA RATON FL 33496**

B0066536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

469 Woldunn Circle

3. Mailing Address

P.O. Box 952948

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

Lake Mary, FL

4. FEI Number

65-0762584

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32795-2948

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ASARCH, STEVEN J
1900 N.W. CORPORATE BLVD.
SUITE 400 EAST
BOCA RATON FL 33431-8512**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **SELIGMAN, BESS J**
STREET ADDRESS **2441 N.W. 59TH STREET, SUITE 503**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **PD** ☐ Delete
NAME **SELIGMAN, HARRY L**
STREET ADDRESS **P.O. BOX 952948**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **VSD** ☐ Delete
NAME **SOLOMON, ALLAN B**
STREET ADDRESS **2200 NW CORPORATE BLVD #310**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32795-2948**

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Harry L. Seligman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2002

4073309373

Date

Daytime Phone #

CR2E034 (9/01)