

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000039460

1. Entity Name

SELIGMAN FAMILY INVESTMENTS, INC.



Principal Place of Business

**469 WOLDUNN CIR.
LAKE MARY FL 32746**

Mailing Address

**PO BOX 952948
LAKE MARY FL 32795-2948**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0762584

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SELIGMAN, HARRY L
P.O. BOX 952948
LAKE MARY FL 32795-2948**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**U000000547928
05/12/06-80043-021 150.00**

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Harry L. Seligman* PD *Harry L. Seligman*

04/29/06

407-330-9373