

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43603

**FILED**  
**Feb 25, 2016**  
**Secretary of State**  
**CC6689471479**

**Entity Name:** THE BUDD AND NANETTE MAYER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

490 SAWGRASS CORPORATE PARKWAY  
SUITE 200  
SUNRISE, FL 33325

**Current Mailing Address:**

490 SAWGRASS CORPORATE PARKWAY  
SUITE 200  
SUNRISE, FL 33325 US

**FEI Number:** 65-6074298

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GURLAND, BARRY D  
490 SAWGRASS CORPORATE PARKWAY  
SUITE 200  
SUNRISE, FL 33325 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title D  
Name MAYER, BERNARD A  
Address 5500 COLLINS AVENUE, APT 1601  
City-State-Zip: MIAMI BEACH FL 33140

Title D  
Name MAYER, NANETTE S  
Address 5500 COLLINS AVENUE, APT 1601  
City-State-Zip: MIAMI BEACH FL 33140

Title D  
Name MAYER, ROBERT S  
Address 701 S OCEAN WAY, APT 405  
City-State-Zip: DEERFIELD BEACH FL 33441

Title D  
Name ALEXANDER, RIKI  
Address 2943 TILDEN ST. N.W.  
City-State-Zip: WASHINGTON DC 20008

Title D  
Name GURLAND, BARRY T  
Address 20620 NE 22 PLACE  
City-State-Zip: N. MIAMI BEACH FL 33180

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARRY T. GURLAND

**TRUSTEE**

**02/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date