

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90020 029 ****61.25

DOCUMENT # 710469

1. Entity Name

RICHARD F. WOLFSON FAMILY FOUNDATION, INC

Principal Place of Business

Mailing Address

630 UNIVERSITY DR.
 CORAL GABLES FL 33134

630 UNIVERSITY DRIVE
 CORAL GABLES FL 33134-7041
 US

A2033331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6176043

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES INC.
2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131

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:
FEES 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON, ELAINE	NAME	
STREET ADDRESS	630 UNIVERSITY DR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON, PAUL	NAME	
STREET ADDRESS	1509 CHURCH ST	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, LISA WOLFSON	NAME	
STREET ADDRESS	570 PARK AVE.	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED

Elaine R. Wolfson 4/26/00 ³⁰⁵
 444-2231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/07/2000 08:00