

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90143 025 \*\*\*\*70.00

**DOCUMENT # N94000003601**  
1. Entity Name  
**THE PHILIP E. AND NANCY B. BEEKMAN FOUNDATION, I  
NC.**



Principal Place of Business  
**2120 GREENBRIAR LN  
HARBOR RIDGE  
PALM CITY FL 33490  
US**

Mailing Address  
**2120 GREENBRIAR LN  
HARBOR RIDGE  
PALM CITY FL 33490  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **65-0516127**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**BEEKMAN, PHILIP  
2120 GREENBRIAR LANE  
HARBOR RIDGE  
PALM CITY FL 34990**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <input type="checkbox"/> Delete <b>BEEKMAN, PHILIP</b> <b>2120 GREENBRIAR LANE, HARBOUR RIDGE</b> <b>PALM CITY FL 33490</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <input type="checkbox"/> Delete <b>BEEKMAN, NANCY</b> <b>2120 GREENBRIAR LANE, HARBOUR RIDGE</b> <b>PALM CITY FL 33490</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BEEKMAN, ELIZABETH</b> <b>16 HOLLY STREET</b> <b>PROVIDENCE RI 02906</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CARTER, LESLIE B</b> <b>7234 E 700 N</b> <b>BROWNSBURG IN 46112</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MEARS, NANCY</b> <b>231 SHERMAN DR</b> <b>SCOTT VALLEY CA 95066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MATHERS, ROBERT A</b> <b>RD HUNTER &amp; CO. LLP, 17-17 RT 208</b> <b>PARAMUS NJ 07652</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>BEEKMAN, ELIZABETH</b> <b>21 ARLINGTON AVE</b> <b>PROVIDENCE RI 02906</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>MATHERS, ROBERT A</b> <b>RD HUNTER &amp; CO. LLC, 17-17 RT 208</b> <b>FAIR LAWN, NJ 07410</b>

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: *Robert A. Mathers* **REQUIRED ROBERT A. MATHERS, CPA** 201-261-4030

CR2E037 (10/02)