

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90166 043 \*\*\*\*70.00

**DOCUMENT # N94000003601**

1. Entity Name  
**THE PHILIP E. AND NANCY B. BEEKMAN FOUNDATION, I**

Principal Place of Business 2120 GREENBRIAR LN HARBOR RIDGE PALM CITY FL 33490 US	Mailing Address 2120 GREENBRIAR LN HARBOR RIDGE PALM CITY FL 34990-8037 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>65-0516127</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>BEEKMAN, PHILIP</b> <b>2120 GREENBRIAR LANE, HARBOUR RIDGE</b> <b>PALM CITY FL 33490</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>BEEKMAN, NANCY</b> <b>2120 GREENBRIAR LANE, HARBOUR RIDGE</b> <b>PALM CITY FL 33490</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBINOWITZ, BETSY</b> <b>16 HOLLY STREET</b> <b>PROVINCENCE RI 0290</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARTER, LESLIE B</b> <b>7234 E 700 N</b> <b>BROWNSBURG IN 46112</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MURRAY, NANCY</b> <b>231 SHERMAN DRIVE</b> <b>SCOTT VALLEY CA 95066</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATHER, ROBERT A CPA</b> <b>RD HUNTER &amp; COMPANY LLP, ONE MACK CENTRE</b> <b>PARAMUS NJ 07652</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. Mather* **ROBERT A. MATHER** 4/26/00

CR2E037 (9/99)