

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

0003655

05-17-2001 91077 025 \*\*\*\*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 33490  
 US

00055076



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

65-0516127

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

BECKMAN, PHILIP  
 2120 GREENBRIAR LANE  
 HARBOR RIDGE  
 PALM CITY FL 34990

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:  
 FEE 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
DPT	BECKMAN, PHILIP	2120 GREENBRIAR LANE, HARBOUR RIDGE	PALM CITY FL 33490	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS	BECKMAN, NANCY	2120 GREENBRIAR LANE, HARBOUR RIDGE	PALM CITY FL 33490	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ROBINOWITZ, BETSY	16 HOLLY STREET	PROVINENCE RI 0290	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	CARTER, LESLIE B	7234 E 700 N	BROWNSBURG IN 46112	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	MURRAY, NANCY	231 SHERMAN DRIVE	SCOTT VALLEY CA 95066	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	MATHER, ROBERT A CPA	RD HUNTER & COMPANY LLP, ONE MACK CENTRE	PARAMUS NJ 07652	<input type="checkbox"/> Delete					<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. Mathews* ROBERT A. MATHEWS 6/2/01

CR2E037 (10/00)