

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

0056531

DOCUMENT # N94000003601

02-17-2002 90019 022 ****70.00

1. Entity Name

**THE PHILIP E. AND NANCY B. BEEKMAN FOUNDATION, I
 NC.**

Principal Place of Business

Mailing Address

**2120 GREENBRIAR LN
 HARBOR RIDGE,
 PALM CITY FL 33490
 US**

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

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEEKMAN, 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]

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 **DPT** Delete
 NAME **BEEKMAN, PHILIP**
 STREET ADDRESS **2120 GREENBRIAR LANE, HARBOUR RIDGE**
 CITY-ST-ZIP **PALM CITY FL 33490**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **BEEKMAN, NANCY**
 STREET ADDRESS **2120 GREENBRIAR LANE, HARBOUR RIDGE**
 CITY-ST-ZIP **PALM CITY FL 33490**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ROBINOWITZ, BETSY**
 STREET ADDRESS **16 HOLLY STREET**
 CITY-ST-ZIP **PROVINCENCE RI 0290**

TITLE **D** Change Addition
 NAME **ELIZABETH BEEKMAN**
 STREET ADDRESS **16 HOLLY STREET**
 CITY-ST-ZIP **PROVIDENCE, RI 02906**

TITLE **D** Delete
 NAME **CARTER, LESLIE B**
 STREET ADDRESS **7234 E 700 N**
 CITY-ST-ZIP **BROWNSBURG IN 46112**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MURRAY, NANCY**
 STREET ADDRESS **231 SHERMAN DRIVE**
 CITY-ST-ZIP **SCOTT VALLEY CA 95066**

TITLE **D** Change Addition
 NAME **NANCY MEARS**
 STREET ADDRESS **231 SHERMAN DRIVE**
 CITY-ST-ZIP **SCOTT VALLEY, CA 95066**

TITLE **D** Delete
 NAME **MATHER, ROBERT A CPA**
 STREET ADDRESS **RD HUNTER & COMPANY LLP, ONE MACK CENTRE**
 CITY-ST-ZIP **PARAMUS NJ 07652**

TITLE **D** Change Addition
 NAME **MATHERS, ROBERT A**
 STREET ADDRESS **RD HUNTER & COMPANY LLP, 17-17 ROUTE 208**
 CITY-ST-ZIP **FAIR LAWN, NJ 07652**

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 lines empowered.

SIGNATURE:

[Signature]

ROBERT A MATHERS, CPA

(201)261-4030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)