

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NO6344**

1. Entity Name

COYNE FAMILY FOUNDATION, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90069 008 ****61.25

Principal Place of Business

Mailing Address

8812 TWIN LAKE DRIVE
BOCA RATON FL 33496

8812 TWIN LAKE DRIVE
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2473967

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

COYNE, MARTIN L.
8812 TWIN LAKE DRIVE
BOCA RATON FL 33496

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 **PD** ☐ Delete
NAME **COYNE, MARTIN L.**
STREET ADDRESS **8812 TWIN LAKE DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **COYNE, DEBORAH P.**
STREET ADDRESS **8812 TWIN LAKE DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **COYNE, MELISSA ANN**
STREET ADDRESS **7844 NW 64TH TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **COYNE, RUSSELL**
STREET ADDRESS **344 W. DICKENS AVE**
CITY-ST-ZIP **CHICAGO IL 60614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LEVINE, JEROME**
STREET ADDRESS **345 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10054**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN L. COYNE

5/1/00

Date

561-487-0440

Daytime Phone #

CR2E037 (9/99)