

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06344

1. Entity Name

COYNE FAMILY FOUNDATION, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90210 029 ****61.25

Principal Place of Business

8812 TWIN LAKE DRIVE
 BOCA RATON FL 33496

Mailing Address

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

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

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

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

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

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

TITLE SD ☐ Delete
 NAME COYNE, MELISSA ANN
 STREET ADDRESS 7241 NW 64 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

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

TITLE D ☐ Delete
 NAME LEVINE, JEROME
 STREET ADDRESS 230 PARK AVE, 20TH FLOOR
 CITY-ST-ZIP NEW YORK NY

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

Date

Daytime Phone #

CR2E037 (10/00)