

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005553

1. Entity Name

ARIELLE TEPPER CHARITABLE FOUNDATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90042 041 ****61.25

Principal Place of Business

64 MARLIN LANE
KEY LARGO FL 33037

Mailing Address

~~670 CHANHOLT GLASSMAN ET AL~~
~~488 MADISON AVE. # 10TH FLOOR~~
~~NEW YORK NY 10022-5702~~

American Exp
Business Serv

1185 Avenue of the Americas - 813210
New York, NY 10036-2602



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

65-0454051

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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
NAME TEPPER, ARIELLE
STREET ADDRESS 400 EAST 70TH STREET, APT. 1206
CITY-ST-ZIP NEW YORK NY 10021 ☐ Delete

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

TITLE VD
NAME TEPPER, MARTIN B
STREET ADDRESS 645 FIFTH AVENUE, SUITE 900
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

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

TITLE TD
NAME LEVIN, ADAM
STREET ADDRESS 167 EAST 61ST STREET, SUITE 15E
CITY-ST-ZIP NEW YORK NY 10021 ☐ Delete

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

TITLE SD
NAME GRUNSTEIN, LEONARD
STREET ADDRESS 2 PARK AVENUE, SUITE 2100
CITY-ST-ZIP NEW YORK NY 10016 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]* **SIGNATURE REQUIRED**

2/8/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #