

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90273 017 ****61.25

DOCUMENT # P34755

1. Entity Name

AMERICAN FOUNDATION FOR THE BLIND, INC.

Principal Place of Business

**11 PENN PLAZA, SUITE 300
 NEW YORK NY 10001**

Mailing Address

**11 PENN PLAZA, SUITE 300
 NEW YORK NY 10001**

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

13-5562161

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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
 After September 12, 2001, min. will be \$236.25**

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 **C** ☒ Delete
 NAME **COMFORT, LYN**
 STREET ADDRESS **40 MARY STR**
 CITY-ST-ZIP **NEWPORT RI**

TITLE ☒ Change ☐ Addition
 NAME **Chair**
 STREET ADDRESS **Denny Scott**
 CITY-ST-ZIP **201 Vanderpool, #129, Houston, TX**

TITLE **T** ☐ Delete
 NAME **MEANEY, GEORGE M**
 STREET ADDRESS **211 WHITE OAK SHADE RD**
 CITY-ST-ZIP **NEW CANAAN CT 06840**

TITLE ☐ Change ☐ Addition
 NAME **Glenna R. Michaels**
 STREET ADDRESS **Vice Chair**
 CITY-ST-ZIP **245 Byram Shore Road**

TITLE **VC** ☒ Delete
 NAME **AUSTIN, DOUGLAS V**
 STREET ADDRESS **3450 W CENTRAL AVE STE 260**
 CITY-ST-ZIP **TOLEDO OH 43606**

TITLE ☒ Change ☐ Addition
 NAME **Glenna R. Michaels**
 STREET ADDRESS **245 Byram Shore Road**
 CITY-ST-ZIP **Greenwich, CT**

TITLE **PD** ☐ Delete
 NAME **AUGUSTO, CARL R.**
 STREET ADDRESS **1 TROTTERS LANE**
 CITY-ST-ZIP **N=MAHWAH NJ**

TITLE ☐ Change ☐ Addition
 NAME **Hon. David A. Paterson**
 STREET ADDRESS **163 W. 125th Street, Ste. 932**
 CITY-ST-ZIP **New York, NY 10027**

TITLE **S** ☒ Delete
 NAME **MICHAELS, GLENNA**
 STREET ADDRESS **245 BYRAM SHORE RD**
 CITY-ST-ZIP **GREENWICH CT 06830**

TITLE ☒ Change ☐ Addition
 NAME **Hon. David A. Paterson**
 STREET ADDRESS **163 W. 125th Street, Ste. 932**
 CITY-ST-ZIP **New York, NY 10027**

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 REQUIRED

8/31/01

212-502-7697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)