2000 UNIFORM BUSINESS REPORT (UBR)

\mathtt{FILED} DOCUMENT # **P36423** Feb 20, 2000 8:00 am 1. Entity Name Secretary of State ROBERT RAUSCHENBERG FOUNDATION, INC. 02-20-2000 90052 016 ****61.25 Mailing Address Principal Place of Business P.O. BOX 54 P.O. BOX 54 CAPTIVA FL 33924 **CAPTIVA FL 33924-0054** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEi Number 65-0200989 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 Zip Code City Fl TALLAHASSEE FL 32301 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be , FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition ☐ Change TITLE ☐ Delete TITLE GOLDSTON, WILLIAM 49 SANDY HILL ROAD RAUSCHENBERG, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 11559 LAIKA LANE 13 TER BAY COVE, NY 11771 CITY-ST-ZIP CITY-ST-ZIP CAPTIVA FL Addition ☐ Change TITLE ☐ Delete TITLE SAFF, DONALD NAME POTTORF. DARRYL NAME 5094 Ferry Neck STREET ADDRESS STREET ADDRESS 11520 LAIKA LN., P. O. BOX 54 ___ ROUAL OAK MD 21662-CITY-ST-ZIP CITY-ST-ZIP CAPTIVA FL ☐ Delete TITLE ☐ Change Addition TITLE WHITE, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 145 OLD STONE HWY CITY-ST-ZIP CITY-ST-ZIP EAST HAMPTON NY ☐ Delete ☐ Change Addition TITLE STD TITLE JEFFRIES, BRADLEY NAME NAME STREET ADDRESS 1039 BEACH ROAD, #101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL Delete ☐ Change Addition TITLE TITLE D NAME KHEEL, THEODORE W. NAME STREET ADDRESS STREET ADDRESS 407 WEST 246TH STREET CITY-ST-ZIP CITY-ST-ZIP RIVERDALE NY ☐ Change ☐ Addition Delete TITLE TITLE GRUTMAN, BENNET NAME NAME STREET ADDRESS STREET ADDRESS 33 THOMAS DR CITY-ST-ZIP CITY-ST-ZIP MANALAPAN NJ 07726 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR