

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90117 041 ****61.25

DOCUMENT # P36423

1. Entity Name

ROBERT RAUSCHENBERG FOUNDATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 54
 CAPTIVA FL 33924

P.O. BOX 54
 CAPTIVA FL 33924

00000010



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 **65-0200989**

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
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 reinstalling)

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 **CD** ☐ Delete
 NAME **RAUSCHENBERG, ROBERT**
 STREET ADDRESS **11559 LAIKA LANE**
 CITY-ST-ZIP **CAPTIVA FL**

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

TITLE **PD** ☐ Delete
 NAME **POTTORF, DARRYL**
 STREET ADDRESS **11520 LAIKA LN., P. O. BOX 54**
 CITY-ST-ZIP **CAPTIVA FL**

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

TITLE **VD** ☐ Delete
 NAME **WHITE, DAVID**
 STREET ADDRESS **145 OLD STONE HWY**
 CITY-ST-ZIP **EAST HAMPTON NY**

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

TITLE **STD** ☐ Delete
 NAME **JEFFRIES, BRADLEY**
 STREET ADDRESS **1039 BEACH ROAD, #101**
 CITY-ST-ZIP **SANIBEL FL**

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

TITLE **D** ☐ Delete
 NAME **GOLDSTON, WILLIAM**
 STREET ADDRESS **49 SANDY HILL RD**
 CITY-ST-ZIP **OYSTER BAY NY 11771**

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

TITLE **D** ☐ Delete
 NAME **GRUTMAN, BENNET**
 STREET ADDRESS **33 THOMAS DR**
 CITY-ST-ZIP **MANALAPAN NJ 07726**

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: Bradley Jeffries **BRADLEY JEFFRIES** 7/4/01 941-472-5445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0013423

CR2E037 (5/01)