

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90011 016 \*\*\*\*61.25

**DOCUMENT # 754580**

1. Entity Name

**ROBERT J. ROBIN SCHOLARSHIP FUND, INC.**

Principal Place of Business

Mailing Address

JOEL MARGOLIES  
10101 COLLINS AVE APT 11E  
BAL HARBOUR FL 33154  
US

311 GRAND KEY TERRACE  
PALM BEACH GARDENS FL 33418  
US

2. Principal Place of Business

3. Mailing Address

311 GRAND KEY TERRACE

Suite, Apt. #, etc.

PALM BEACH GARDENS

City & State

Florida

Zip

33418

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2036139

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

MARGOLIES, JOEL  
10101 COLLINS AVE  
APT 11E  
BAL HARBOUR FL 33154

Name **JOEL MARGOLIES**

Street Address (P.O. Box Number is Not Acceptable)

311 GRAND KEY TERRACE

City **PALM BEACH GARDENS FL** Zip Code **33418**

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

**JOEL MARGOLIES - PRESIDENT** **1/8/02**

**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 **DP** ☐ Delete  
NAME **MARGOLIES, JOEL**  
STREET ADDRESS **311 GRAND KEY TERRACE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

TITLE **DV** ☐ Delete  
NAME **ROBIN, ROSE**  
STREET ADDRESS **60 PROSPECT AVE.**  
CITY-ST-ZIP **HEWLETT-NY**

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

TITLE **DS** ☐ Delete  
NAME **VAN WYE, CAROL**  
STREET ADDRESS **7002 KNOTTY PINE DR**  
CITY-ST-ZIP **CHAPEL HILL NC**

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

TITLE **DT** ☐ Delete  
NAME **MARGOLIES, JEANNE**  
STREET ADDRESS **19195 MYSTIC POINTE DR**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

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

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 #

**JOEL MARGOLIES** **1/8/02** **561-799-7681**

CR2E037 (9/01)