

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90122 013 ****61.25

DOCUMENT # F01000004308

1. Entity Name
THE GINTEL FAMILY FOUNDATION, INC.



Principal Place of Business
~~31 OCEAN REEF DRIVE, SUITE A200~~
KEY LARGO FL 33037

Mailing Address
~~31 OCEAN REEF DRIVE, SUITE A200~~
KEY LARGO FL 33037

60021788



2. Principal Place of Business
5 BAY RIDGE RD
Suite, Apt. #, etc.

3. Mailing Address
5 BAY RIDGE RD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
KEY LARGO, FL
Zip
33037
Country

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KEY LARGO, FL
Zip
33037
Country

4. FEI Number **13-6259493**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GINTEL, ROBERT
~~31 OCEAN REEF DRIVE, SUITE A200~~
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5 BAY RIDGE RD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

(NOTE: Registered Agent signature required when reinstating)

4/15/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GINTEL, ROBERT 31 OCEAN REEF DRIVE, SUITE A200 KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GINSBERG, DEBRA 31 OCEAN REEF DRIVE, SUITE A200 KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINTEL, BARBARA 31 OCEAN REEF DRIVE, SUITE A200 KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GERSTEIN, ELLEN 6 GREENWICH OFFICE PARK GREENWICH CT 06831	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 BAY RIDGE RD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 315 CAMPANA AVE CORAL GABLES, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 BAY RIDGE RD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

4/15/03

305 267 434

CR2E037 (10/02)