

**- 2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000000225



1. Entity Name
C.L.C. KRAMER FOUNDATION, INC.

Principal Place of Business
3840 PRAIRIE DUNES DR
SARASOTA, FL 34238

Mailing Address
3840 PRAIRIE DUNES DR
SARASOTA, FL 34238



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-6226513

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ANDERSON, KENT ESQ.
7101 S TAMiami TRAIL
SARASOTA, FL 34231

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000775308
01/08/08-80022-020 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PC
ZABELLE, ROBERT
3840 PRAIRIE DUNES DR
SARASOTA, FL 34238

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VCT
HAROLD, ERICA
17 PASADENA DR.
PLAINVIEW, NY 11803

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
ROTHENBERG, LAWRENCE
1585 BROADWAY
NEW YORK, NY

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Robert Zabelle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT ZABELLE *1/4/08*

Date

841 924-2530
Daytime Phone #