

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90722 001 \*\*\*\*70.00

**DOCUMENT # F95000003350**

1. Entity Name

**THE KRUMHOLZ CHARITABLE FOUNDATION, INC.**



Principal Place of Business

7629 KAPOK DR  
SARASOTA FL 34241  
US

Mailing Address

7629 KAPOK DR  
SARASOTA FL 34241  
US

2. Principal Place of Business

2519 RIVERVIEW BLVD.

3. Mailing Address

2519 RIVERVIEW BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL.

City & State

BRADENTON FL.

Zip

34205

Country

USA

Zip

34205

Country

USA

4. FEI Number **31-1018010**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRUMHOLZ, RICHARD A  
7629 KAPOK DR  
SARASOTA FL 34241

7. Name and Address of New Registered Agent

Name

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

2519 RIVERVIEW BLVD.

City

SARASOTA

FL

Zip Code

34205

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

**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 **PCD** ☐ Delete  
NAME **KRUMHOLZ, RICHARD**  
STREET ADDRESS **7629 KAPOK DR**  
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **VCD** ☒ Delete  
NAME **KRUMHOLZ, HARLAN**  
STREET ADDRESS **253 VILLAGE POND ROAD**  
CITY-ST-ZIP **GUILFORD CT 06437**

TITLE **SD** ☐ Delete  
NAME **RIDKER, SUSAN**  
STREET ADDRESS **11 LAKEVILLE ROAD**  
CITY-ST-ZIP **JAMAICA PLAIN MA 02130**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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]*  
**REQUIRED**

4/4/03

981-350-9641

CR2E037 (10/02)