

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003905

1. Entity Name

ZEDAKAH FOUNDATION, INC.

Principal Place of Business

5900 SCHAEFER RD  
EDINA MN 55436-1815

Mailing Address

5900 SCHAEFER RD  
EDINA MN 55436-1815

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1771834

Applied For

Not Applicable

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

Name

Glenn Tolison

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

1052 W. State Road 436, Ste. 106A

City

Altamonte Springs FL

Zip Code

32714

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

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 C  
NAME BECKER, RAYMOND  
STREET ADDRESS 1768 83RD AVE N  
CITY-ST-ZIP MAPLE GROVE MN 55311 ☐ Delete

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

TITLE VC  
NAME ORCHARD, AL  
STREET ADDRESS 10300 DEVONSHIRE CIRCLE, UNIT 224  
CITY-ST-ZIP BLOOMINGTON MN 55431 ☐ Delete

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

TITLE S  
NAME KRAMKA, JON  
STREET ADDRESS 1718 JAMES AVE N  
CITY-ST-ZIP MINNEAPOLIS MN 54111 ☐ Delete

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

TITLE BA  
NAME GERE, KENNETH A  
STREET ADDRESS 6323 TIMBER TRAIL  
CITY-ST-ZIP EDINA MN 55439 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

FILED  
Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90017 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)