

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004578

1. Entity Name

THE UNICORN CHILDREN'S FOUNDATION INC.

Principal Place of Business

Mailing Address

100 GREENWOOD AVE.  
EVANSTON IL 60201

100 GREENWOOD AVE.  
EVANSTON IL 60201-4712

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

36-3996036

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

~~BENARROCH, RHONDA~~  
5401 NW BROKEN SOUND BLVD.  
BOCA RATON FL 33487

Name Helene Rosenbloom

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

100 SE 5th Ave #504

City

Boca Raton

FL

Zip Code

33432

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

Helene Rosenbloom

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

(NOTE: Registered Agent signature required when reinstating)

DATE

June 10th 2000

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 ☐ Delete  
NAME PC  
STREET ADDRESS ROSENBLOOM, MARK DR.  
CITY-ST-ZIP 100 GREENWOOD AVE.  
EVANSTON IL 60201

TITLE ☐ Change ☒ Addition  
NAME CRAIG DRESANG (U)  
STREET ADDRESS 1005 S. Harlem  
CITY-ST-ZIP 2000 PARK, NJ 60130

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROSENBLOOM, MIKE  
CITY-ST-ZIP 14 SUNNYSIDE STREET  
WESTMOUNT QC H34 1C1

TITLE ☐ Change ☐ Addition  
NAME ROSENBLOOM, LOUISE  
STREET ADDRESS 100 GREENWOOD AVE (D)  
CITY-ST-ZIP EVANSTON, IL 60201

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROSENBLOOM, VALERIE  
CITY-ST-ZIP 14 SUNNYSIDE STREET  
WESTMOUNT QC H34 1C1

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS BARNES, LAWRENCE  
CITY-ST-ZIP 4836 S. PALM FOREST DR.  
DELRAY BEACH FL 33445

TITLE ☐ Change ☐ Addition  
NAME WACHTEL, GARY (S)  
STREET ADDRESS 1601 S. Indiana Avenue #308  
CITY-ST-ZIP Chicago IL 60616

TITLE ☐ Delete  
NAME T  
STREET ADDRESS ROTSTEIN, DANIEL  
CITY-ST-ZIP 9828 NW 2ND COURT  
PLANTATION FL 33222

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #