

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90071 027 ****61.25

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DOCUMENT # N00000003066

1. Entity Name

THE SERINE BONNIST FAMILY FOUNDATION, INC.

Principal Place of Business

2121 W. FIRST STREET
FORT MYERS FL 33901

Mailing Address

2121 W. FIRST STREET
FORT MYERS FL 33901

2. Principal Place of Business

15208 Bahia Court

3. Mailing Address

15208 Bahia Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33908

Country

Lee

Zip

33908

Country

Lee

4. FEI Number

65-1009482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERSCH, CRAIG R
2121 W. FIRST STREET
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

Claudia Frey

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

15208 Bahia Court

City

Fort Myers

FL

Zip Code

33908

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

Claudia Frey

Claudia Frey

4/6/01

Signature, typed or printed name of registered agent and title 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREY, CLAUDIA 15208 BAHIA COURT FORT MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORD, VIVIAN 4 WHIPPORWILL LANE ARMONK NY 10504	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BONNIST, RANDOLPH 38 TAYLOR LANE HARRISON NY 10528	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10528	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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)(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:

Claudia Frey

4/6/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)