

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90007 014 \*\*\*\*61.25

**DOCUMENT # N00000004570**

1. Entity Name

**CYNTHIA STRASSER FOUNDATION, INC.**

**EIN 65-1022564**

Principal Place of Business

Mailing Address

~~2225 SOUTH OCEAN BOULEVARD~~  
~~UNIT #10~~  
~~DELRAY BEACH FL 33485~~

~~POST OFFICE BOX 1030~~  
~~DELRAY BEACH FL 33447~~

2. Principal Place of Business

**690 Corona Way**

Suite, Apt. #, etc.

**Deerfield Beach**

City & State

**Florida**

3. Mailing Address

**Same as left**

Suite, Apt. #, etc.

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

**33442**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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**  
**After September 12, 2001, min. will be \$236.25**

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	<b>PD</b> <b>KAY, LAURA F</b> <del>2225 SOUTH OCEAN BOULEVARD #10</del> <del>DELRAY BEACH FL 33485</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <b>HAYS, KRISTIN</b> <del>2225 SOUTH OCEAN BOULEVARD #10</del> <del>DELRAY BEACH FL 33485</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD</del> <b>EDDY, MARTINA</b> <del>2225 SOUTH OCEAN BOULEVARD #10</del> <del>DELRAY BEACH FL 33485</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KAY, LAURA F</b> <b>690 Corona Way</b> <b>Deerfield Beach FL 33442</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <b>TD</b> <b>HAYS, KRISTIN</b> <b>518 E. County Rd 200 South</b> <b>Danville IN 46122</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <b>SD</b> <b>KOMINIAREK, MARTINA</b> <b>113 Ripka St.</b> <b>Philadelphia, PA 19127</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
**Laura F. Kay President**

**PH 954-725-4080**

**8-09-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)