

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000423

1. Entity Name

THE MARIANNE AND BUD SIEGAL FAMILY FOUNDATION, I
NC.

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90001 031 ****61.25

0015065

Principal Place of Business

Mailing Address

916 N. CASEY KEY RD.
OSPNEY FL 34229

916 N. CASEY KEY RD.
OSPNEY FL 34229

B0133719



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1069761

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DOERR, KENNETH D
916 N. CASEY KEY RD.
OSPNEY FL 34229

Name

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

240 South Pineapple Avenue, 10th Floor

City

Sarasota

FL

Zip Code

34236

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)

8/5/02

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS SIEGAL, MARIANNE B
CITY-ST-ZIP 916 N. CASEY KEY RD.
OSPNEY FL 34229

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BOLLACI, FREDERICK T
CITY-ST-ZIP 916 N. CASEY KEY RD.
OSPNEY FL 34229

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BAND, DAVID S
CITY-ST-ZIP 240 S. PINEAPPLE AVE., 10TH FL
SARASOTA FL 34236

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ANGELOTTI, RICHARD
CITY-ST-ZIP 240 S. PINEAPPLE AVE., 2ND FL
SARASOTA FL 34236

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: David S. Band, Dir.

8/5/02

CR2E037 (4/02)