

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003218

1. Entity Name

RALPH G. GORENSTEIN CHARITABLE FOUNDATION, INC.

Principal Place of Business

22 SANDY COVE ROAD, APT. #301  
SARASOTA FL 34243

Mailing Address

22 SANDY COVE ROAD, APT. #301  
SARASOTA FL 34243

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

31-1777763

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

GORENSTEIN, RALPH G  
22 SANDY COVE ROAD, APT. #301  
SARASOTA FL 34243

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
GORENSTEIN, RALPH G  
22 SANDY COVE ROAD, APT. #301  
SARASOTA FL 34243

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
TOY, ALAN GENE-TANG  
4099 S. TAMiami TRAIL  
SARASOTA FL 34231

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BAND, GREGORY S  
1680 FRUITVILLE ROAD SUITE 102  
SARASOTA FL 34236

☐ Delete

TITLE  
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CITY-ST-ZIP  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-02

Date

Daytime Phone #

FILED  
Mar 06, 2002 8:00 am  
Secretary of State

03-06-2002 90078 037 \*\*\*\*61.25

MAIL UNIT #49  
B0038513



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)