

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90822 043 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
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~~

P.O. Box 511190 Milw.

Wisc 53203-0201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 511190

City & State

Milw Wisc

Zip

Country

Zip

Country

53203-0201

USA

4. FEI Number 31-1777763

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

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 certifies 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

(Type, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when retaking.)

DATE

4/29/03

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
PTD	GORENSTEIN, RALPH G	22 SANDY COVE ROAD, APT. #301	SARASOTA FL 34243	☐					☐	☐
VPD	TOY, ALAN GENE-TANG	4099 S. TAMAMI TRAIL	SARASOTA FL 34231	☐					☐	☐
SD	BAND, GREGORY S	1880 FRUITVILLE ROAD, SUITE 102	SARASOTA FL 34238	☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 116.07(3)(f), 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, trustee, or person empowered to execute this report as required by Chapter 817, 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:

(Type, typed or printed name of signing officer or director)

Date

Daytime Phone #