

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000005489

1. Entity Name
THE COLODNY FAMILY FOUNDATION, INC.



Principal Place of Business

**6909 LAKE PLACE COURT
TAMPA FL 33634**

Mailing Address

**6909 LAKE PLACE COURT
TAMPA FL 33634**

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

51-0419168

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

**COLODNY, LEONARD
6909 LAKE PLACE COURT
TAMPA FL 33634**

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. 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)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D / P/S** ☐ Delete
NAME **COLODNY, LEONARD**
STREET ADDRESS **6909 LAKE PLACE COURT**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **D** ☐ Change ☐ Addition
NAME **ARNETTE, VINCENT** (orig. Director)
STREET ADDRESS **10242 NW 47TH STREET, #1**
CITY-ST-ZIP **SUNRISE, FLORIDA 33351**

TITLE **D / V/T** ☐ Delete
NAME **COLODNY, SANDRA**
STREET ADDRESS **6909 LAKE PLACE COURT**
CITY-ST-ZIP **TAMPA FL 33634**

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

TITLE **D** ☐ Delete
NAME **CARLSON, CHARLES A**
STREET ADDRESS **601 BAYSHORE BLVD. #700**
CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE **D** ☐ Delete
NAME **COLODNY, JOHN**
STREET ADDRESS **10242 N.W. 47TH STREET #1**
CITY-ST-ZIP **SUNRISE FL 33351**

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

TITLE **D** ☐ Delete
NAME **COLODNY, ROBIN**
STREET ADDRESS **1073 S.W. 112 TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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

TITLE **D** ☐ Delete
NAME **LOCKER, RAY**
STREET ADDRESS **3405 1 STREET #2**
CITY-ST-ZIP **SACRAMENTO CA 95816**

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

SIGNATURE REQUIRED
Leonard Colodny

3/24/2003

813-888-5966

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90121 041 ****70.00



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)