

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

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90093 046 \*\*\*\*61.25

**DOCUMENT # N02000005571**

1. Entity Name

**RUTH NELSON KRAFT AWARDS FOUNDATION, INC.**



Principal Place of Business

~~1648 THATCH PALM DRIVE~~ 125 Worth Ave. ~~1648 THATCH PALM DRIVE~~ 125 Worth Ave.  
~~BOCA RATON FL 33486~~ Ste. 117 ~~BOCA RATON FL 33486~~ Ste. 117  
~~BOCA RATON FL 33486~~ Palm Beach, FL 33480 Palm Beach, FL 33480

Mailing Address

**22004105**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

56-2287305

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

**CANARY, NANCY H**  
**125 WORTH AVENUE SUITE 117**  
**PALM BEACH FL 33480**

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

*Nancy H. Canary*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/4/03

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KRAFT, RUTH NELSON</b>	
STREET ADDRESS	<del>1648 THATCH PALM DRIVE</del>	
CITY-ST-ZIP	<del>BOCA RATON FL 33486</del>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARRETT, ADELE M</b>	
STREET ADDRESS	<b>1149 SW 11TH STREET</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SULLIVAN, WILLIAM</b>	
STREET ADDRESS	<b>600 ELM TREE LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CANARY, NANCY H</b>	
STREET ADDRESS	<b>125 WORTH AVENUE SUITE 117</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAFT, RUTH NELSON</b>	
STREET ADDRESS	<b>125 WORTH AVE., # 117</b>	
CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William Sullivan* **REQUIRED**

2/3/03

561/395-1731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)