

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90201 036 ****61.25

DOCUMENT # N04000009630

1. Entity Name
ROBERT ARTHUR SEGALL FAMILY FOUNDATION, INC.



Principal Place of Business

**1110 BRICKELL AVENUE, 7TH FLOOR
MIAMI, FL 33131**

DEPARTMENT OF
REVENUE

Mailing Address

**1110 BRICKELL AVENUE, 7TH FLOOR
MIAMI, FL 33131**

60034289



04262006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1720473

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLOOM, KENNETH M
1110 BRICKELL AVENUE, 7TH FLOOR
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCHILLER, SHIRLEE
STREET ADDRESS 5701 COLLINS AVENUE APT. 315
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D
NAME KRAMER, JAMES I
STREET ADDRESS 4225 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D
NAME BLOOM, KENNETH M
STREET ADDRESS 1110 BRICKELL AVENUE -7TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4/27/06

305-371-6800