

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15111

1. Entity Name

THE INSIGHT FOUNDATION, INC.

R

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90015 014 ****61.25

Principal Place of Business

1544 BRICKELL AVENUE
APT 3705
MIAMI FL 33129
US

Mailing Address

1541 BRICKELL AVENUE
APT 3705
MIAMI FL 33129
US

2. Principal Place of Business

3. Mailing Address

1541 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2673459

Applied For

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

POLLAK, WILLIAM S
1541 BRICKELL AVENUE
APT 3705
MIAMI FL 33129

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
After September 13, 2000 min. will be \$236.25

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 PDS ☐ Delete
NAME POLLAK, WILLIAM S.
STREET ADDRESS 1221 BRICKELL AVE, NINTH FLOOR
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 44 W. Flagler St., Ste. 1700
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME KULOK, WINSTON
STREET ADDRESS 132 W. FOURTH ST.
CITY-ST-ZIP NEW YORK-NY

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

TITLE TD ☐ Delete
NAME KESTENBAUM, PAUL TODD
STREET ADDRESS 10550 DUNLEAR DRIVE
CITY-ST-ZIP LOS ANGELES CA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

WILLIAM S. POLLAK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/00 (305) 358-5088

Date

Daytime Phone #

CR2E037 (5/00)