

N18 00009553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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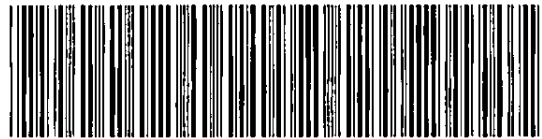
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Robert L. Zore Foundation
(Name of Corporation)

DOCUMENT NUMBER: NF800000953

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rosemary Zore
(Name of Person)

Robert L. Zore Foundation
(Name of Firm/Company)

3100 North Rd. #4
(Address)

Naples FL 34101
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosemary Zore at (239) 315-1242
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

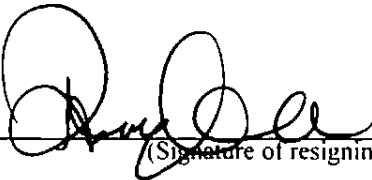
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Rosemary Zore, hereby resign as Director
(Title)

of Robert L. Zore Foundation
(Name of Corporation)

N18000009553, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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TALLAHASSEE, FL

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314