

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25263

1. Entity Name

KIRKELLA CHARITABLE FOUNDATION, INC.

Principal Place of Business

%EDWARDS & ANGELL  
250 ROYAL PALM WAY  
PALM BEACH FL 33480

Mailing Address

%EDWARDS & ANGELL  
250 ROYAL PALM WAY  
PALM BEACH FL 33480

2. Principal Place of Business

c/o Edwards & Angell, LLP  
Suite, Apt. #, etc. Suite 400  
One North Clematis Street

3. Mailing Address

c/o Edwards & Angell, LLP  
Suite, Apt. #, etc. Suite 400  
One North Clematis Street

City & State

West Palm Beach FL

City & State

West Palm Beach, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

65-0044965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHORR, MAX  
%EDWARDS & ANGELL  
250 ROYAL PALM WAY  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name  
Angell Corporate Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Edwards & Angell, LLP  
One North Clematis Street, Suite 400  
City West Palm Beach FL Zip Code 33401

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.

Angell Corporate Services, Inc.

SIGNATURE

Jonathan E. Cole, President

4/23/2001

DATE

FILE NOW:  
FEES \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHORR, MAX 250 ROYAL PALM WAY PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP PICKARD, DANA 250 ROYAL PALM WAY PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BLACK, REBECCA 250 ROYAL PALM WAY PALM BEACH FL ---	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCHORR, MAX 250 ROYAL PALM WAY PALM BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	XX Change <input type="checkbox"/> Addition One North Clematis Street, Suite 400 West Palm Beach FL 33401	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	XX Change <input type="checkbox"/> Addition One North Clematis Street, Suite 400 West Palm Beach FL 33401	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dana T. Pickard, Vice President

4/23/2001 561-833-7700

Date

Daytime Phone #

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90056 015 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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