

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90001 042 ****61.25

DOCUMENT # N29696

1. Entity Name

THE GALSTON FOUNDATION, INC.

Principal Place of Business

**435 L'AMBIANCE DRIVE
 LONGBOAT KEY FL 34228**

Mailing Address

**435 L'AMBIANCE DRIVE
 LONGBOAT KEY FL 34228**

80060259



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

1800 Second Street

Suite, Apt. #, etc.

Suite 870

City & State

Sarasota, FL 34236

4. FEI Number

65-0088895

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WIESNER, IRA STEWART
 1800 SECOND ST #870
 SUITE 930
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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**

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 **PTD** ☒ Delete
 NAME **GALSTON, REUBEN**
 STREET ADDRESS **435 L'AMBIANCE DRIVE**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **D** ☒ Delete
 NAME **FERRIS, ROBERT D**
 STREET ADDRESS **2389 RINGLING BLVD SUITE D**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ Delete
 NAME **WIESNER, IRA STEWART**
 STREET ADDRESS **1800 SECOND ST #870**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME **President**
 STREET ADDRESS **Richard Galston**
 CITY-ST-ZIP **340 S. Palm Avenue, Unit 82
 Sarasota, FL 34236**

TITLE ☐ Change ☒ Addition
 NAME **Robert Ferris**
 STREET ADDRESS **2389 Ringling Blvd.**
 CITY-ST-ZIP **Sarasota, FL 34237**

TITLE ☐ Change ☒ Addition
 NAME **Christina Goodall**
 STREET ADDRESS **340 Windsor Drive**
 CITY-ST-ZIP **Stillwater Lake, Nova Scotia
 B3Z1X1**

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

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

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 **Richard Galston** REQUIRED

CR2E037 (10/00)