

**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	<input checked="" type="checkbox"/> Delete
NAME	GALSTON, REUBEN	
STREET ADDRESS	435 L'AMBIANCE DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERRIS, ROBERT D	
STREET ADDRESS	2389 RINGLING BLVD SUITE D	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIESNER, IRA STEWART	
STREET ADDRESS	1800 SECOND ST #870	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Galston	
STREET ADDRESS	340 S. Palm Avenue, Unit 82	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	Robert Ferris	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Ferris	
STREET ADDRESS	2389 Ringling Blvd.	
CITY-ST-ZIP	Sarasota, FL 34237	
TITLE	Christina Goodall	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christina Goodall	
STREET ADDRESS	340 Windsor Drive	
CITY-ST-ZIP	Stillwater Lake, Nova Scotia B3Z1H1	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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