

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46485

1. Entity Name

ROBERT L. HAHN FOUNDATION, INC.



FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90002 013 ****61.25

Principal Place of Business

2800 CASEY KEY ROAD
 NOKOMIS FL 34275

Mailing Address

2800 CASEY KEY ROAD
 NOKOMIS FL 34275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3100586

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

HAHN, ROBERT L
 2800 CASEY KEY ROAD
 NOKOMIS FL 34275

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

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HAHN, ROBERT L | |
| STREET ADDRESS | 2800 CASEY KEY RD | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | COLLINS, WILLIAM H. | |
| STREET ADDRESS | 2805 CASEY KEY ROAD | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LIEBERMAN, ERIK R | |
| STREET ADDRESS | 227 NOKOMIS AVE. SOUTH | |
| CITY-ST-ZIP | VENICE FL 34285 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GOLDMAN, BRUCE | |
| STREET ADDRESS | 101 EISENHOWER PARKWAY | |
| CITY-ST-ZIP | ROSELAND NJ | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BRADBURY, VICKI F | |
| STREET ADDRESS | 1960 LANDINGS BOULEVARD | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MICHAEL EATMAN | |
| STREET ADDRESS | 332 E. BAY ST. | |
| CITY-ST-ZIP | OSPREY, FL 34229 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KENNETH BIENKOWSKI | |
| STREET ADDRESS | 6250-5 CAPE HATTENAS WAY NE | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33702 | |
| 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 | | |

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

Date

Daytime Phone #

8/12/00 944 966-6645

CR2E037 (5/00)