

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90038 026 ****61.25

DOCUMENT # N48703

1. Entity Name

ROSLYN SCHEINMAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

**1135 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154**

**1135 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154-2025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0327950

Applied For

Not Applicable

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

**NELSON, THEODORE R.
 1135 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEINMAN ROSLYN	
STREET ADDRESS	5640 COLLINS AVENUE	
CITY-STATE-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, VICKI S.	
STREET ADDRESS	52 ROCK HILL ROAD	
CITY-STATE-ZIP	BEDEFORD NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEINMAN, DIANE MAY	
STREET ADDRESS	18 W. 16TH STREET	
CITY-STATE-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-STATE-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: *Roslyn Scheinman*

2/14/2000 - 305-864-0645