

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002305

1. Entity Name

THE IDELSON FOUNDATION, INC.

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90277 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~P.O. BOX 1286~~  
~~SARASOTA FL 34230~~

~~P.O. BOX 1286~~  
~~SARASOTA FL 34230~~

709279



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 61532  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 61532  
Suite, Apt. #, etc.

City & State

Fort MYERS, FL

City & State

Fort MYERS, FL

4. FEI Number

65-0418576

Applied For

Not Applicable

Zip

33906

Country

Lee

Zip

33906

Country

Lee

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

IDELSON, SAM A  
1951 NORTH HONORE  
SARASOTA FL 34235

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 NAME STREET ADDRESS CITY-ST-ZIP	DP IDELSON, SAM A 1951 NORTH HONRE SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST IDELSON, CHARLES K 12730 NEW BRITTANY BLVD. FT. MYERS FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEINBERG, MINNA I 5718 BIRDWOOD HOUSTON TX 77096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ALTERMAN, RACHEL M 6255 BARFIELD RD., STE. 100 ATLANTA GA 30328	<input 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	12751 New Brittany Blvd	<input checked="" 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
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-01

941-277-2561

CR2E037 (10/00)