

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005634

1. Entity Name

KATZEN FAMILY FOUNDATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90155 044 ****61.25

Principal Place of Business

329 E. OLYMPIA AVE.
PUNTA GORDA FL 33950

Mailing Address

329 E. OLYMPIA AVE.
PUNTA GORDA FL 33950-3833
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 511073

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

4. FEI Number

65-0452246

Applied For

Not Applicable

Zip

Country

Zip

33951-1073

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZEN, MELVYN J
329 E. OLYMPIA AVE.
PUNTA GORDA FL 33950

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 D ☐ Delete
NAME KATZEN, MELVYN
STREET ADDRESS 329 E. OLYMPIA AVE.
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE D ☐ Delete
NAME KATZEN, JILLIAN A
STREET ADDRESS 329 E. OLYMPIA AVE.
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE D ☐ Delete
NAME KATZEN, TANYA
STREET ADDRESS 329 E. OLYMPIA AVE.
CITY-ST-ZIP PUNTA GORDA FL 33950

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: *X*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. J. Katzen, Trustee 4/27/00

Date

Daytime Phone #

CR2E037 (9/99)