

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90125 015 ****70.00

DOCUMENT # N94000003429

1. Entity Name

THE CALAMUS FOUNDATION, INC.



Principal Place of Business

**770 SOUTH PALM AVENUE
SARASOTA FL 34236**

Mailing Address

**770 SOUTH PALM AVENUE
SARASOTA FL 34236**

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 **65-0508548**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAPLAN, SAUL
770 SOUTH PALM AVE.
SARASOTA FL 34236**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLAN, SAUL	
STREET ADDRESS	770 SOUTH PALM AVENUE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCUS, JAMES S	
STREET ADDRESS	720 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADBURY, LOUIS	
STREET ADDRESS	222 RIVERSIDE DRIVE	
CITY-ST-ZIP	NEW YORK NY 10025	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBERG, JAMES M	
STREET ADDRESS	40 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10011	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEAFE, MICHAEL	
STREET ADDRESS	1427 YORK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, ROBERT J	
STREET ADDRESS	401 SOUTH PALM AVENUE	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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

1/6/03
Date

(941) 954-1200
Daytime Phone #

CR2E037 (10/02)