# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 12, 2002 8:00 am**
**Secretary of State**
05-12-2002 90610 029 ****61.25

DOCUMENT # N94000005329

1. Entity Name

SFC CHARITABLE FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JUDITH RANGER<br>415 SW 27TH STREET<br>GAINESVILLE FL 32607<br>US | C/O DOUGLAS KNISKERN<br>STE 2800. 100 SE 2ND STREET<br>MIAMI FL 33131<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc.: 225 W. 66th TERRACE | Suite, Apt. #, etc.: |
| City & State: KANSAS CITY, MO | City & State: |
| Zip: 64113 Country: USA | Zip: Country: |

4. FEI Number: 65-0565248 ☐ 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 |
|---|---|
| KNISKERN, DOUGLAS<br>SUITE 2800<br>100 SE 2ND STREET<br>MIAMI FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>RENNERT, IRWIN L<br>1880 CENTURY PARK EAST - #1600<br>LOS ANGELES CA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>KATZ, JOEL A<br>3423 PIEDMONT ROAD NE, SUITE 200<br>ATLANTA GA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>3290 NORTHSIDE PARKWAY, SUITE 400<br>ATLANTA, GA 30327 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>KAUFMAN, HOWARD<br>9200 SUNSET BLVD - #1000<br>LOS ANGELES CA 90069 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>9200 SUNSET BOULEVARD, SUITE 530<br>LOS ANGELES, CA 90069 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DOA<br>RANGER-SMITH, JUDITH<br>415 SW 27TH ST<br>GAINESVILLE FL 32607 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>225 W. 66th TERRACE<br>KANSAS CITY, MO 64113 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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] IRWIN L. RENNERT P/H/or (310) 553-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #