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

FILED
Mar 27, 2003 8:00 am
Secretary of State
03-27-2003 90099 010 ****61.25

DOCUMENT # N94000005329

1. Entity Name
SFC CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O JUDITH RANGER 225 W 66TH TERRACE KANSAS CITY MO 64113 US	C/O DOUGLAS KNISKERN STE 2800, 100 SE 2ND STREET MIAMI FL 33131 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	ONE FINANCIAL PLAZA
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 2700
City & State	City & State FORT LAUDERDALE, FL
Zip / Country	Zip / Country 33394

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 SUITE 2800 100 SE 2ND STREET MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA SUITE 2700 City: FORT LAUDERDALE FL Zip Code: 33394

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RENNERT, IRWIN L 1880 CENTURY PARK EAST - #1600 LOS ANGELES CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KATZ, JOEL A 3290 NORTHSIDE PARKWAY, SUITE 400 ATLANTA GA 30327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KAUFMAN, HOWARD 9200 SUNSET BOULEVARD, SUITE 530 LOS ANGELES FL 90069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DOA RANGER-SMITH, JUDITH 225 W 66TH TERRACE KANSAS CITY MO 64113	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Agent Signature Required 3/13/03