

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003988

1. Entity Name

SIB & RAYMOND KINSLER FOUNDATION, INC.

Principal Place of Business

177 N VILLAGE WAY
JUPITER FL 33458

Mailing Address

177 N VILLAGE WAY
JUPITER FL 33458-7819

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

65-0610693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBIN, CHARLES D
9100 S DADELAND BLVD SUITE 1707
MIAMI FL 33156

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 GOLDENBERG, LINDA K
STREET ADDRESS 177 N VILLAGE WAY
CITY-ST-ZIP JUPITER FL 33458

TITLE D ☐ Delete
NAME FODIMAN, TODD A
STREET ADDRESS 2222 PONCE DE LEON BLVD 6 FL
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ Delete
NAME FODIMAN, DANIEL J
STREET ADDRESS 401 E 34TH STREET APT S-27C
CITY-ST-ZIP NEW YORK NY 10016

TITLE D ☐ Delete
NAME FODIMAN, ROBERT K
STREET ADDRESS 404 E 34TH STREET APT N-158
CITY-ST-ZIP NEW YORK NY 10016

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 D ☒ Change ☐ Addition
NAME FODIMAN, TODD A.
STREET ADDRESS 1200 BRICKELL AVE. SUITE 1720
CITY-ST-ZIP MIAMI, FL. 33131

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS 185 BOULDER RIDGE RD.
CITY-ST-ZIP SCARSDALE, NY 10583

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 45 POPHAM RD. #3K
CITY-ST-ZIP SCARSDALE, NY 10583

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

TITLE ☐ Change ☐ Addition
NAME
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:

Linda K. Goldenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-99 361-576-3533