

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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

0040029

**DOCUMENT # N95000003988**

1. Entity Name

**SIB & RAYMOND KINSLER FOUNDATION, INC.**



04-10-2003 90186 047 \*\*\*\*61.25

Principal Place of Business

**177 N VILLAGE WAY  
JUPITER FL 33458**

Mailing Address

**177 N VILLAGE WAY  
JUPITER FL 33458**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBIN, CHARLES D  
9100 S DADELAND BLVD SUITE 1707  
MIAMI FL 33158**

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

☒ Change ☐ Addition  
NAME **8979 VIA TUSCANY DRIVE**  
STREET ADDRESS **BOYNTON BEACH, FL 33437**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FODIMAN, TODD A**  
STREET ADDRESS **1200 BRICKELL AVE, SUITE 1720**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **D** ☐ Delete  
NAME **FODIMAN, DANIEL J**  
STREET ADDRESS **185 BOULDER RIDGE RD**  
CITY-ST-ZIP **SCARSDALE NY 10583**

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

TITLE **D** ☐ Delete  
NAME **FODIMAN, ROBERT K**  
STREET ADDRESS **45 POPHAM RD #3K**  
CITY-ST-ZIP **SCARSDALE NY 10583**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **135 BOULDER RIDGE RD.**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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

**4-6-03**

Date

**661-364-2120**

Daytime Phone #

CR2E037 (10/02)