

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005140

1. Entity Name

THE WILEEN T. COYNE FOUNDATION, INC.

Principal Place of Business

2151 N.W. 60TH CIRCLE
BOCA RATON FL 33496

Mailing Address

2151 N.W. 60TH CIRCLE
BOCA RATON FL 33496

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

COYNE, WILEEN T
2151 N.W. 60TH CIRCLE
BOCA RATON FL 33496

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 GRANOFF, LOREN S
STREET ADDRESS 200 SOUTH DISCAYNE BLVD 20TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME COYNE, WILEEN T.
STREET ADDRESS 2151 N.W. 60TH CIRCLE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE D ☐ Delete
NAME COYNE, RUSSELL G.
STREET ADDRESS 644 WEST DICKENS ST.
CITY-ST-ZIP CHICAGO IL 60614

TITLE D ☐ Delete
NAME COYNE, MELISSA A
STREET ADDRESS 7241 N.W. 64TH TERRACE
CITY-ST-ZIP PARKLAND FL 33067

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 701 Southwest 27th Ave
STREET ADDRESS Suite 810
CITY-ST-ZIP Miami FL 33135-1988

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3404 Leigh Rd.
CITY-ST-ZIP Pompano Beach, FL 33062

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

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:

WILEEN T. COYNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90077 014 ****61.25

360888



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0616576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)