

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

07-06-2001 90206 049 \*\*\*\*61.25

DOCUMENT # **196 060000 2084**

1. Entity Name

The Koni Foundation, Inc.

Principal Place of Business

Mailing Address

**B0059602**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 Clearlake Ctr, #1402

3. Mailing Address

Same

Suite, Apt. #, etc.

250 Australian Ave

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

4. FEI Number

65-0676162

Applied For

Not Applicable

Zip

Country

33401

US

Zip

Country

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

Howard J Wiener  
c/o Adorno & Zeder  
700 South Federal Highway, Suite 200  
Boca Raton, FL 33432

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 Director ☐ Delete  
NAME Siegal, Howard  
STREET ADDRESS 3265 Lawson Blvd  
CITY - ST - ZIP Oceanside, NY 11572

TITLE Director ☐ Delete  
NAME Kapner, Lewis  
STREET ADDRESS 250 Australian Ave  
CITY - ST - ZIP West Palm Beach, FL 33401

TITLE Director ☐ Delete  
NAME Wiener, Howard  
STREET ADDRESS 700 South Federal Hwy #200  
CITY - ST - ZIP Boca Raton, FL 33432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD J. WIENER

Date

Daytime Phone #

7/02/01 (561)833-3004