

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91335 040 \*\*\*\*61.25

**DOCUMENT #** N96000003079

1. Entity Name

THE TRIESTER FOUNDATION, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

101 Seabreeze Blvd.

Suite, Apt. #, etc.

Daytona Beach, FL 32118

City & State

Daytona Beach, FL 32118

Zip

32118

Country

USA

3. Mailing Address

111 Presidential Blvd.

Suite, Apt. #, etc.

Suite 230

City & State

Bala Cynwyd, PA 19004

Zip

19004

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3264585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Stanton L. Triester

Street Address (P.O. Box Number is Not Acceptable)

101 Seabreeze Blvd.

City

Daytona Beach,

FL

Zip Code

32118

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

**FEE IS \$61.25**

**Initial or Amended UBR**

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 NAME STREET ADDRESS CITY - ST - ZIP	DP Triester, Stanton L. 101 Seabreeze Blvd., Daytona Beach 32118	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Triester, Sonia C. 101 Seabreeze Blvd. Daytona Beach FL 32118	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Karin E. O'Brien 111 Loring Avenue Pelham, NY 10803	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

(610) 667-5400

Daytime Phone #

CR2E037B (12/01)