

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90270 041 ****61.25

DOCUMENT # N96000005768

1. Entity Name
THE FRANK & SARAH SALIZZONI CHARITABLE FOUNDATIO

Principal Place of Business 288 LOCHA DRIVE JUPITER FL 33458	Mailing Address 288 LOCHA DRIVE JUPITER FL 33458-7733
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DO NOT WRITE IN THIS SPACE

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 **65-0710648**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SALIZZONI, SARAH
288 LOCHA DRIVE
JUPITER FL 33458

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SALIZZONI, FRANK	
STREET ADDRESS	5720 OAKWOOD RD.	
CITY-ST-ZIP	SHAWNEE MISSION KS 66208	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	SALIZZONI, SARAH	
STREET ADDRESS	288 LOCHA DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALIZZONI, JOHN	
STREET ADDRESS	34 LONGVIEW DRIVE	
CITY-ST-ZIP	STAMFORD CT 06905	
TITLE	D	<input type="checkbox"/> Delete
NAME	HRINYA, ELEANOR	
STREET ADDRESS	RD2 BIERY DRIVE, BOX 266	
CITY-ST-ZIP	SENECA PA 16346	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HRINYA, LEE	
STREET ADDRESS	RD2 BIERY DRIVE, BOX 266	
CITY-ST-ZIP	SENECA PA 16346	
TITLE	D	<input type="checkbox"/> Delete
NAME	REVERDY, SUSAN	
STREET ADDRESS	39 GIBSON DR	
CITY-ST-ZIP	FRAMINGHAM MA 01701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN SALIZZONI	
STREET ADDRESS	38 ROSEWELL RD	
CITY-ST-ZIP	BEDFORD, N.H. 03110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURA DEAN	
STREET ADDRESS	215 PINE VALLEY RD	
CITY-ST-ZIP	WINSTON SALEM, NC. 27104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED* 2/26/00 (561) 747-7119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/99)