

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005825

1. Entity Name

RUTH AND BARON COLEMAN CHARITABLE FOUNDATION, IN

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90180 048 ****61.25

Principal Place of Business Mailing Address
C/O PAUL GRAVENHORST C/O PAUL S. GRAVENHORST
ONE EAST BROWARD BLVD. SUITE 1300 ONE EAST BROWARD BLVD. SUITE 1300
FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301-1904
US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0711225 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRAVENHORST, PAUL S
HOLLAND KNIGHT LLP
ONE EAST BROWARD BLVD. # 1300
FORT LAUDERDALE FL 33301

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 ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, RUTH		NAME		
STREET ADDRESS	7383 ORANGEWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33443		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHEL, ROYCE C		NAME		
STREET ADDRESS	6420 EAST VALLEY COURT		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37205		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWART, NANCY C		NAME		
STREET ADDRESS	P.O. BOX 9204 N/A		STREET ADDRESS		
CITY-ST-ZIP	JACKSON HOLE WY 83002		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVENHORST, PAUL S		NAME		
STREET ADDRESS	ONE EAST BROWARD BLVD SUITE 1300		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

4-25-00 951-468-7325

Date Daytime Phone #

CR2E037 (9/99)