

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90253 036 ****61.25

DOCUMENT # N96000006435

1. Entity Name

THE SUZANNE E. RICE FOUNDATION, INC.

Principal Place of Business

6161 N. OCEAN BLVD.
 OCEAN RIDGE FL 33435

Mailing Address

6161 N. OCEAN BLVD.
 OCEAN RIDGE FL 33435

2. Principal Place of Business

3. Mailing Address

P.O. Box 280

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL.

Zip

Country

33425-0280

Country

U.S.

4. FEI Number

65-0748824

Applied For

Not Applicable

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

JAKABCIN, KATHRYN M ESQ.
1325 S. CONGRESS AVENUE
SUITE 104
BOYNTON BEACH FL 33426

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 *Suzanne E Rice*
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RICE, SUZANNE E**
 CITY-ST-ZIP **6161 N. OCEAN BLVD.**
OCEAN RIDGE FL 33435

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FALKENBERG, ELKE E**
 CITY-ST-ZIP **6161 N. OCEAN BLVD.**
OCEAN RIDGE FL 33435

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JAKABCIN, KATHRYN M**
 CITY-ST-ZIP **7160 N.W. FOURTH AVENUE**
BOCA RATON FL 33487

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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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:

Suzanne E Rice
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01 *561-738-1722*
 Date Daytime Phone #

CR2E037 (10/00)