

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90255 048 ****61.25

DOCUMENT # N97000001997

1. Entity Name

THE KENNETH AND HAZEL ROE FOUNDATION, INC.



Principal Place of Business

**580 SYLVAN AVENUE
ENGLEWOOD CLIFFS NY 07632**

Mailing Address

**PO BOX 1116
ENGLEWOOD CLIFFS NY 07632**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2305353**

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

**LINDSAY, ALAN
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSTD** ☐ Delete
NAME **ROE, HAZEL T**
STREET ADDRESS **400 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Change ☒ Addition
NAME **Ralph C. Roe II**
STREET ADDRESS **Cherry Valley Road**
CITY-ST-ZIP **Greenwich, CT 06831**

TITLE **VP** ☐ Delete
NAME **ROE, HAZEL T**
STREET ADDRESS **400 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE **D** ☐ Delete
NAME **EDWARDS, WILLIAM**
STREET ADDRESS **580 SYLVAN AVENUE**
CITY-ST-ZIP **ENGLEWOOD CLIFFS NY 07632**

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

TITLE **D** ☐ Delete
NAME **LINDSAY, ALAN ESQ.**
STREET ADDRESS **321 ROYAL POINCIANA PLAZA**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE **D** ☐ Delete
NAME **MEJER, HOLLACE L R**
STREET ADDRESS **1088 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10128**

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

TITLE **D** ☐ Delete
NAME **ROE, RANDALL B**
STREET ADDRESS **11720 GLEN MILL ROAD**
CITY-ST-ZIP **POTOMAC MD 20854**

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)(l), 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 of Registered Agent

4/25/03

201-871-3355

CR2E037 (10/02)