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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/16/02--01001--014 **61.25

DOCUMENT # N99000002138

1. Entity Name
ROBERT G. SIEBERT FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
4400 N. Federal Highway	
Suite, Apt. #, etc. Suite 210	Suite, Apt. #, etc.
City & State Boca Raton, FL	City & State
Zip 33432 Country U.S.	Zip Country

4. FEI Number 65-0930170 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Benjamin P. Shenkman, Esq.

Street Address (P.O. Box Number is Not Acceptable): 4400 N. Federal Highway, Suite 210

City: Boca Raton FL Zip Code: 33432

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)

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	Director
NAME	Helen Siebert
STREET ADDRESS	9702 Ohio Place
CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	Director
NAME	Richard A. Ferazi
STREET ADDRESS	6566 Marbletree Lane
CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	Director
NAME	Elias M. Janetis
STREET ADDRESS	3621 Oaks Clubhouse Drive
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	
NAME	
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CR2E037B (12/01)

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: _____ - Richard A Ferazi 9/18/02 561 2914103

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