

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005516

1. Entity Name

GANOTE FAMILY FOUNDATION, INC.

Principal Place of Business

~~8490 S.W. 114TH ST.
MIAMI FL 33156~~

Mailing Address

17256 7TH ST E
SONOMA CA 95476

2. Principal Place of Business

17256 7th ST E.

Suite, Apt. #, etc.

3. Mailing Address

17256 7th STE.

Suite, Apt. #, etc.

City & State

SONOMA, CA

City & State

SONOMA, CA

Zip

95476

Country

USA

Zip

95476

Country

USA

4. FEI Number

65-0949411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SACHER, CHARLES P
2655 LE JEUNE RD., STE. 1101
CORAL GABLES FL

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GANOTE, LEN A 2450 TRADER RD, BOX 8579 JACKSON WY 83002	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GANOTE, ANN L 2450 TRADER RD, BOX 8579 JACKSON WY 83002	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, SUZANNE 8490 S.W. 114TH ST. MIAMI FL 33156	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GANOTE, LEN A 17256 7th ST. E. SONOMA, CA 95476	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GANOTE, ANN L 17256 7th ST. E. SONOMA, CA 95476	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANOTE, SUZANNE 34 N. MT. LEBANON RD LONG VALLEY, N.J. 07853	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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
SACHS, MICHAEL E. GANOTE

Date

Daytime Phone #

1-29-02 707.939.7585



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)