

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006066

1. Entity Name

SALENGER FAMILY CHARITABLE FOUNDATION, INC.

**FILED**  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90007 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

46 N. WASHINGTON BOULEVARD #27  
SARASOTA FL 34237

46 N. WASHINGTON BOULEVARD #27  
SARASOTA FL 34236-5928

2. Principal Place of Business

3. Mailing Address

1955 GULF OF MEXICO DR., 1955 GULF OF MEXICO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longboat Key, FL

City & State

Longboat Key, FL

4. FEI Number

65-0966360

Applied For

Not Applicable

Zip

34228

Country

SARASOTA

Zip

34228

Country

SARASOTA

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

BROWNING, GEORGE III

46 N. WASHINGTON BOULEVARD #27  
SARASOTA FL 34237

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
SALENGER, BETTY  
1955 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
SALENGER, STUART  
194 FREEMAN STREET  
BROOKLYN NY 11222 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BROWNING, GEORGE III  
46 N. WASHINGTON BOULEVARD #27  
SARASOTA FL 34237 ☐ Delete

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

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

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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:

*Betty Salenger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)