

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007344

1. Entity Name

THE KORZENIEWSKI FOUNDATION, INC.

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FILED  
Sep 18, 2000 8:00 am  
Secretary of State

09-18-2000 90046 037 \*\*\*\*61.25

Principal Place of Business

KEY BANK NATIONAL ASSOCIATION  
11300 U.S. HWY. ONE, STE 101  
NORTH PALM BEACH FL 33408

Mailing Address

KEY BANK NATIONAL ASSOCIATION  
11300 U.S. HWY. ONE, STE 101  
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

800 Superior Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4th Floor

City & State

City & State

Cleveland Ohio

Zip

Country

Zip

Country

44109

4. FEI Number

65-0964986

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

CONNELLY KORZENIEWSKI, SUSAN J  
217 1ST RD.  
PALM BEACH FL 33480-3225

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  
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

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\$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	SUSAN C Korzenewski 217 1st Rd Palm Beach, FL 33480-3225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karl Korzenewski 2805 Cuyahoga Lane West Palm Beach, FL 33409-2444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alan Kent Permalke 4765 N.W. 6th Court Delray Beach FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Key Bank Nat'l Assoc, Trustee 800 Superior Ave 4th Floor Cleveland OH 44114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

THOMAS L RATHBURN

Date

Daytime Phone #

CR2E037 (5/00)