

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90074 033 ****61.25

DOCUMENT # N99000007524

1. Entity Name

KOLITZ FAMILY FOUNDATION, INC.

Principal Place of Business

RICHARD G. SILLS, ESQ./HOLLAND & KNIGHT
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

Mailing Address

RICHARD G. SILLS, ESQ./HOLLAND & KNIGHT
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0968813

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

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	D	<input type="checkbox"/> Delete
NAME	KOLITZ, ROBERT D	
STREET ADDRESS	302 RED CEDAR	
CITY-ST-ZIP	SAN ANTONIO TX 78230	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOLITZ, SANDORA J	
STREET ADDRESS	302 RED CEDAR	
CITY-ST-ZIP	SAN ANTONIO TX 78230	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILLS, RICHARD P	
STREET ADDRESS	HOLLAND & KNIGHT 701 BRICKELL AVE. #3000	
CITY-ST-ZIP	SAN ANTONIO TX 78230	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Richard P. Sills

April 29, 2000 202-862-5964