## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 09, 2001 8:00 am DOCUMENT # N9900007524 **Secretary of State** 02-09-2001 90223 035 \*\*\*\*61.25 KOLITZ FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address RICHARD P. SILLS. ESQ./HOLLAND & KNIGHT RICHARD P. SILLS. ESQ./HOLLAND & KNIGHT 701 BRICKELL AVE., STE. 3000 701 BRICKELL AVE., STE. 3000 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0968813 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE. 3000 MIAMI FL 33131 City Zip Code FL 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE Delete TITLE ☐ Change KOLITZ, ROBERT D NAME NAME STREET ADDRESS STREET ADDRESS 302 RED CEDAR CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78230 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KOLTZ, SANDORA J NAME STREET ADDRESS 302 RED CEDAR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78230 ¥2 Change TITLE ☐ Delete TITI F Addition NAME SILLS, RICHARD P NAME Richard P. Sills STREET ADDRESS HOLLAND & KNIGHT 701 BRICKELL AVE. #3000 STREET ADDRESS Holland & Knight 701 Brickell Ave. #3000 CITY-ST-ZIP CITY-ST-7IP SAN ANTONIO TX 78230 M<del>iami FL 33131</del> ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.