2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40161

1. Entity Name

BERNARD R. AND CAROL KOSSAR FOUNDATION, INC.

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FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90173 039 ****61.25

			NE THE	9				
Principal Place of Business 3100 S OCEAN BLVD APT 705N PALM BEACH FL 33480		Mailing Address 3100 S OCEAN BLVD APT 705N PALM BEACH FL 33480			BBIOL (IDIO BIID) IIOL BIOL AIDI	didia debei di		
2. Principal I	Place of Business	3. Mailing Address						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	7		HECK HERE IF MAKING	CHANGES	;	
City & State		City & State		4. FEI Number 36-	7 36-3826425 Applie		pplied For ot Applicable	7
Zip	Country	Zip	Country	5. Certificate of State		\$8.75 Ad	ditional	1
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered A	· · · · · ·		1
	. · · · · · · · · · · · · · · · · · · ·		Name	and the second of the second o				1
3100 QC	, Bernard R Ean Boulevard Ent 705 North			ss (P.O. Box Number is No				-
PALM BEACH FL 33408		or the purpose of changing its	City		FL	Zip Cod		
SIGNATURE	Signature, typed or printed name of registered agent	<u> </u>	TE: Registered Agent signature req		DATE	D		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	l 10	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KOSSAR, BERNARD R 3100 OCEAN BLVD APT 705N PALM BEACH FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	(20/05)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KOSSAR, CAROL 3100 OCEAN BLVD APT 705N PALM BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CBO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUART, STEPHANIE K 190 EAST 72ND STREET NEW YORK NY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSSAR, VALERIE L 200 EAST 72ND STREET NEW YORK NY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: