

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009630

**Entity Name:** ROBERT ARTHUR SEGALL FAMILY FOUNDATION, INC.

**FILED**  
**Feb 06, 2020**  
**Secretary of State**  
**6101587283CC**

**Current Principal Place of Business:**

25 S.E. 2ND AVENUE  
THE INGRAHAM BLDG. EIGHTH FLOOR  
MIAMI, FL 33131-1603

**Current Mailing Address:**

25 S.E. 2ND AVENUE  
THE INGRAHAM BLDG. EIGHTH FLOOR  
MIAMI, FL 33131-1603 US

**FEI Number: 20-1720473**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BLOOM, KENNETH M  
25 S.E. 2ND AVENUE  
THE INGRAHAM BLDG. EIGHTH FLOOR  
MIAMI, FL 33131-1603 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P, DIRECTOR  
Name            SCHILLER, SHIRLEE  
Address        VI AT AVENTURA  
                  19333 WEST COUNTRY CLUB DRIVE  
                  APT. 2222  
City-State-Zip: AVENTURA FL 33180

Title            D  
Name            KRAMER, JAMES I.  
Address        9200 SOUTH DADELAND BOULEVARD  
                  SUITE 320  
City-State-Zip: MIAMI FL 33156

Title            S, DIRECTOR  
Name            BLOOM, KENNETH M  
Address        25 S.E. 2ND AVENUE  
                  THE INGRAHAM BLDG. EIGHTH  
                  FLOOR  
City-State-Zip: MIAMI FL 33131-1603

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SHIRLEE SCHILLER**

**PRESIDENT**

**02/06/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date