

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008391

Entity Name: KATE & JUSTIN ROSE FOUNDATION, INC.**Current Principal Place of Business:**

390 N. ORANGE AVE.
ATTN: BRIAN WATSON SUITE 1800
ORLANDO, FL 32801

Current Mailing Address:

390 N. ORANGE AVE.
ATTN: BRIAN WATSON SUITE 1800
ORLANDO, FL 32801 US

FEI Number: 45-3577312**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

WATSON SLOANE PLLC
390 N. ORANGE AVE.
SUITE 1800 ATTN: BRIAN WATSON
ORLANDO, FL 32801 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: BRIAN A. WATSON

04/24/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, VP
Name ROSE, JUSTIN
Address 390 N. ORANGE AVE.
ATTN: BRIAN WATSON SUITE 1800
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR, PRESIDENT
Name ROSE, KATE
Address 390 N. ORANGE AVE.
ATTN: BRIAN WATSON SUITE 1800
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name STEINBERG, MARK
Address 1700 BROADWAY
29TH FLOOR
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR, TREASURER,
SECRETARY
Name WATSON, BRIAN
Address 390 N. ORANGE AVE
SUITE 1800
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BARKER, PHILIP
Address CHISWICK GATE, 3RD FLOOR
598-608 CHISWICK HIGH ROAD W4
5RT, UNITED KINGDOM
City-State-Zip: LONDON OC

Title DIRECTOR
Name THOMPSON, BRIAN
Address 3250 DOWNS COVE ROAD
City-State-Zip: WINDERMERE FL 34786

Title STAFF
Name PIETRASZEK, ANETA
Address 2340 N. CALIFORNIA AVE.
APT. 219
City-State-Zip: CHICAGO IL 60647

Title DIRECTOR
Name HASTINGS, DEBORAH
Address 29 CASTLEROCK
City-State-Zip: IRVINE CA 92603

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: BRIAN WATSON

DIRECTOR

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date