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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003429 (7)**

1. Corporation Name

THE CALAMUS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**770 SOUTH PALM AVENUE
SARASOTA FL 34236**

**770 SOUTH PALM AVENUE
SARASOTA FL 34236-7769**



3. Date Incorporated or Qualified
07/08/1994

3a. Date of Last Report
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0508548

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAPLAN, SAUL
770 SOUTH PALM AVE.
SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KAPLAN, SAUL	
STREET ADDRESS	770 SOUTH PALM AVENUE	
CITY - ST - ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCUS, JAMES S	
STREET ADDRESS	720 PARK AVENUE	
CITY - ST - ZIP	NEW YORK NY 10021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADBURY, LOUIS	
STREET ADDRESS	222 RIVERSIDE DRIVE	
CITY - ST - ZIP	NEW YORK NY 10025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENBERG, JAMES M	
STREET ADDRESS	40 FIFTH AVENUE	
CITY - ST - ZIP	NEW YORK NY 10011	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEAFE, MICHAEL	
STREET ADDRESS	1427 YORK AVENUE	
CITY - ST - ZIP	NEW YORK NY 10021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Saul Kaplan **KAPLAN, SAUL**

2-14-97 (941) 954-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0081005**

CR2E037 (9/96)