

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006406

1. Entity Name

THE WILLIAM AND DALE BERKOWITZ FAMILY FOUNDATION

Principal Place of Business

907 MACEWEN DR  
OSPNEY FL 34229

Mailing Address

907 MACEWEN DR  
OSPNEY FL 34229

2. Principal Place of Business

1233 N. GULFSTREAM AVE.

Suite, Apt. #, etc.

#901

3. Mailing Address

1233 N. GULFSTREAM AVE.

Suite, Apt. #, etc.

#901

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

65-6351894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERKOWITZ, WILLIAM  
907 MACEWEN DR  
OSPNEY FL 34229

Name

Street Address (P.O. Box Number is Not Acceptable)

1233 N. GULFSTREAM AVE. #901

City

SARASOTA

FL

Zip Code

34236

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)

DATE

11/14/01

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE P D  
NAME WILLIAM BERKOWITZ  
STREET ADDRESS 1233 N. GULFSTREAM AVE. 901  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VP D  
NAME DALE BERKOWITZ  
STREET ADDRESS 1233 N. GULFSTREAM AVE. 901  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VP D  
NAME Jeffrey Berkowitz  
STREET ADDRESS 788 CAVANAUGH CT  
CITY-ST-ZIP Sarasota, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE REQUIRED

FILED

01 DEC 17 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0075125

CR2E037 (10/00)