

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90042 002 ****61.25

DOCUMENT # N23670

1. Entity Name

THE JOSEPH LEVINE CHARITABLE TRUST, INC.

Principal Place of Business

Mailing Address

C/O GLORIA BERGER
 45 BIMINI COVE
 OCEAN RIDGE FL 33435-3305

C/O GLORIA BERGER
 45 BIMINI COVE
 OCEAN RIDGE FL 33435-3305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6890469

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

BERGER, GLORIA
45 BIMINI COVE
OCEAN RIDGE FL 33435-3305

Name

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

City

FL

Zip Code

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 _____

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|-----------------|--|-------|------|----------------|-------------|
| | D | BERGER, GLORIA | 45 BIMINI COVE DR. OCEAN RIDGE FL | | | | |
| | D | GERSTEN, SHERRI | 1801 NW 31 TERRACE GAINESVILLE FL 32605 | | | | |
| | D | LEVINE, SAMUEL | 11250 GOLFRIDGE LANE BOYNTON BEACH FL 33437 | | | | |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria Berger Gloria Berger

Date

Daytime Phone #

2-20-01 561-738-4842

CR2E037 (10/00)