

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000002009

1. Entity Name
THE HARRY SUDAKOFF FOUNDATION, INC.



Principal Place of Business
% WILLIAM T. HARRISON, JR.
200 S ORANGE AVE
SARASOTA, FL 34236 US

Mailing Address
% WILLIAM T. HARRISON, JR.
200 S ORANGE AVE
SARASOTA, FL 34236 US



01272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0439722

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, WILLIAM T JR.
200 S ORANGE AVE
SARASOTA, FL 34236

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARRISON, WILLIAM T JR.
200 S ORANGE AVE
SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AXELRAD, BERTRAM
7091 VERDE WAY
NAPLES, FL 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUCHOLTZ, GARY A
2831 RINGLING BLVD #119E
SARASOTA, FL 342375353

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000607036
01/31/07-80020-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

GARY A. BUCHOLTZ, C.P.A.