

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90284 037 ****61.25

DOCUMENT # N94000004391

1. Entity Name

LENORE AND NORMAN BERKE CHARITABLE FOUNDATION, I

Principal Place of Business

Mailing Address

775 LONGBOAT KEY CLUB ROAD
 APARTMENT 602
 LONGBOAT KEY FL 34228

775 LONGBOAT KEY CLUB ROAD
 APARTMENT 602
 LONGBOAT KEY FL 34228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0529667

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERKE, NORMAN
775 LONGBOAT KEY CLUB ROAD
APARTMENT 602
LONGBOAT KEY FL 34228

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 Delete
 NAME **PTD**
BERKE, NORMAN
 STREET ADDRESS **775 LONGBOAT KEY CLUB ROAD, APT. 602**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPSD**
BERKE, LENORE
 STREET ADDRESS **775 LONGBOAT KEY CLUB ROAD, APT. 602**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
SPEVACK, JEROME
 STREET ADDRESS **7 HAMPSHIRE COURT**
 CITY-ST-ZIP **BEACHWOOD OH 44122**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
MERVIS, IVAN
 STREET ADDRESS **46001 MATHER LANE**
 CITY-ST-ZIP **HUNTING VALLEY OH 44022**

TITLE Change Addition
 NAME
 STREET ADDRESS **2684 SULGRAVE ROAD**
 CITY-ST-ZIP **SHARON HEIGHTS, OH 44122**

TITLE Delete
 NAME **D**
SHOLTON, FAYE
 STREET ADDRESS **2401 ALLEN BOULEVARD**
 CITY-ST-ZIP **BEACHWOOD OH 44122**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
LEWIN, SHELDON
 STREET ADDRESS **520 SUPERIOR AV, LEADER BLDG, SUITE 1430**
 CITY-ST-ZIP **CLEVELAND OH 44114**

TITLE Change Addition
 NAME
 STREET ADDRESS **6685 BOCA DRIVE**
 CITY-ST-ZIP **MAYFIELD VILLAGE, OH 44143**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 **AC 941**
383-7476
 Date Daytime Phone #

CR2E037 (9/99)