

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90146 041 ****61.25

DOCUMENT # N94000004391
1. Entity Name
LENORE & NORMAN BERKE CHARITABLE FOUNDATION

DO NOT WRITE IN THIS SPACE

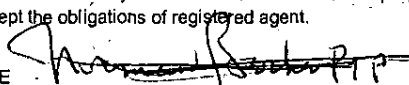
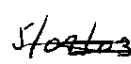
2. Principal Place of Business	3. Mailing Address
775 LONGBOAT KEY CLUB	775 LONGBOAT KEY CLUB
Suite, Apt. #, etc.	Suite, Apt. #, etc.
APT 602	APT 602
City & State	City & State
LONGBOAT KEY, FL 34228	LONGBOAT KEY, FL 34228
Zip	Zip
Country	Country

DO NOT WRITE IN THIS SPACE

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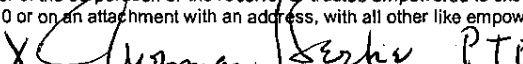
4. FEI Number	Applied For
65-0529667	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

7. Name and Address of Current Registered Agent
Name BERKE, NORMAN
Street Address (P.O. Box Number is Not Acceptable) 775 LONGBOAT KEY CLUB ROAD
APT 602
City LONGBOAT KEY
FL
Zip Code 34228

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 

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE	PTP	TITLE	
NAME	BERKE, NORMAN	NAME	
STREET ADDRESS	775 LONGBOAT KEY CLUB #602	STREET ADDRESS	
CITY - ST - ZIP	LONGBOAT KEY FL 34228	CITY - ST - ZIP	
TITLE	VPSPD	TITLE	
NAME	BERKE, LENORE	NAME	
STREET ADDRESS	775 LONGBOAT KEY CLUB #602	STREET ADDRESS	
CITY - ST - ZIP	LONGBOAT KEY FL 34228	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	SPEVACK, JEROME	NAME	
STREET ADDRESS	7 HAMPHIRE COURT	STREET ADDRESS	
CITY - ST - ZIP	BEACHWOOD, OHIO 44122	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	MERVIS, IVAN	NAME	
STREET ADDRESS	2684 SULGRAVE RD	STREET ADDRESS	
CITY - ST - ZIP	BEACHWOOD, OHIO 44122	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	SHOLITAN, FAYE	NAME	
STREET ADDRESS	2401 ALLEN BLVD	STREET ADDRESS	
CITY - ST - ZIP	BEACHWOOD, OHIO 44122	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	LEWIN, SHELDON	NAME	
STREET ADDRESS	6480 ROCKSIDE WOODS S #340	STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND, OH 44131	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 on an attachment with an address, with all other like empowered.	
SIGNATURE:  PTP	5/07/03 941-383-7476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #