

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006093

1. Entity Name

MONROE E. AND SUZETTE M. BERKMAN FOUNDATION, INC

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90248 018 ****61.25

Principal Place of Business

Mailing Address

201 E KENNEDY BLVD
SUITE 1400
TAMPA FL 33602

201 E KENNEDY BLVD
SUITE 1400
TAMPA FL 33602-5828

2. Principal Place of Business

3401 S. BEACH DR

3. Mailing Address

3401 S. BEACH DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA, FL.

4. FEI Number

59-3283577

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

33629

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERKMAN, MONROE E
201 E KENNEDY BLVD
SUITE 1400
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

SAME

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

3401 S. BEACH DR.

City

TAMPA

FL

Zip Code

33629

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

Monroe E. Berkman

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BERKMAN, MONROE E
CITY-ST-ZIP 201 E KENNEDY BLVD, SUITE 1400
TAMPA FL 33602

TITLE ☐ Delete
NAME D
STREET ADDRESS BERKMAN, SUZETTE M
CITY-ST-ZIP 201 E KENNEDY BLVD, SUITE 1400
TAMPA FL 33602

TITLE ☐ Delete
NAME D
STREET ADDRESS BERKMAN, MYLES P
CITY-ST-ZIP 200 GATEWAY TOWERS
PITTSBURGH FL 15222

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3401 S. BEACH DR. ADDRESS
CITY-ST-ZIP TAMPA, FL. 33629

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3401 S. BEACH DR. ADDRESS
CITY-ST-ZIP TAMPA, FL. 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/2000 (813) 835-6390