

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90094 003 ****61.25

DOCUMENT # N95000000353

1. Entity Name

**THE DR. BERNARD STEINBERGER NATIONAL FRAGILE-X-S
 YNDROME FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**4408 INTRACOASTAL DRIVE
 HIGHLAND BEACH FL 33487
 US**

**4408 INTRACOASTAL DRIVE
 HIGHLAND BEACH FL 33487
 US**

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

65-0553434

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

**BERKOWITZ, SANDY
 4408 INTRACOASTAL DRIVE
 HIGHLAND BEACH FL 33487**

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	PD STEINBERGER, BERNARD MD	<input type="checkbox"/> Delete
STREET ADDRESS	4408 INTRACOASTAL DRIVE	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE NAME	SD BERKOWITZ, SANDY	<input type="checkbox"/> Delete
STREET ADDRESS	4408 INTRACOASTAL DRIVE	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE NAME	VD STEINBERGER, ROBERT M MD	<input type="checkbox"/> Delete
STREET ADDRESS	1181 OLD COUNTRY ROAD	
CITY-ST-ZIP	PLAINVIEW NY 11803	
TITLE NAME	VD RAFFA, GREGORY SR.	<input type="checkbox"/> Delete
STREET ADDRESS	2080 CREST ROAD	
CITY-ST-ZIP	MUTTON TOWN NY 11791	
TITLE NAME	TD KOTKIN, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS	14 WILLA WAY	
CITY-ST-ZIP	MASSAPEQUA NY 11758	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SANDY BERKOWITZ, Secy

Date

Daytime Phone #

CR2E037 (9/01)