

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90063 034 ****61.25

DOCUMENT # N95000001023

1. Entity Name
**THE HERBERT SILVERSTEIN CHARITABLE
FOUNDATION, INC.**



Principal Place of Business
1901 FLOYD ST.
SARASOTA, FL 34239

Mailing Address
1901 FLOYD ST.
SARASOTA, FL 34239

24002167



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0583397

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERSTEIN, HERBERT
~~1901~~ FLOYD ST.
SUITE-A
SARASOTA, FL 34239

Name

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

1901 Floyd St.

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. 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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME SILVERSTEIN, HERBERT
STREET ADDRESS ~~1901~~ FLOYD ST., STE-A
CITY-ST-ZIP SARASOTA, FL 34239

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1901 Floyd St
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME SILVERSTEIN, BETHLYN
STREET ADDRESS ~~1901~~ FLOYD ST., STE-A
CITY-ST-ZIP SARASOTA, FL 34239

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1901 Floyd St
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME ROSENBERG, SETH
STREET ADDRESS ~~1901~~ FLOYD ST., STE-A
CITY-ST-ZIP SARASOTA, FL 34239

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1901 Floyd St
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/04

941-365-1397