

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # N96000004069

1. Entity Name

GTH FELLOWSHIP FOUNDATION, INC.

00 NOV 21 PM 2:26

Principal Place of Business Mailing Address Same as principal address

c/o Greenberg Traurig, P.A.
1221 Brickell Avenue
Miami, Florida 33131
Attn.: Director of Finance

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
65-0686251

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

Holly R. Skolnick
1221 Brickell Avenue
Miami, Florida 33131

Name Richard Garrett

Street Address (P.O. Box Number is Not Acceptable)
1221 Brickell Avenue, 22 Floor

City Miami

FL

Zip Code 33131

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

Richard Garrett

11/20/00

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 Hilarie Bass, Director ☐ Delete
STREET ADDRESS 1221 Brickell Avenue
CITY-ST-ZIP Miami, Florida 33131

TITLE NAME Rebecca Orand, Assistant Secretary ☐ Change ☒ Addition
STREET ADDRESS 1221 Brickell Avenue
CITY-ST-ZIP Miami, Florida 33131

TITLE NAME Holly R. Skolnick, Director ☐ Delete
STREET ADDRESS 1221 Brickell Avenue
CITY-ST-ZIP Miami, Florida 33131

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003482018--5
CITY-ST-ZIP -12/01/00--01001--001
****236.25 ****236.25

TITLE NAME Kerri L. Barsh, Director ☐ Delete
STREET ADDRESS 1221 Brickell Avenue
CITY-ST-ZIP Miami, Florida 33131

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

Rebecca Orand

11/20/00

305-579-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)