

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # N99000002375

1. Entity Name

DON & JOAN HERMAN CHARITABLE FOUNDATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

01-29-2000 90107 022 ****61.25

Principal Place of Business

4351 GULF SHORE BLVD NO
 APT 4 NORTH
 NAPLES FL 34103

Mailing Address

4351 GULF SHORE BLVD NO
 APT 4 NORTH
 NAPLES FL 34103-2699

2. Principal Place of Business

3. Mailing Address

3838 Tamiami Tr. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Naples, FL

4. FEI Number

59-3572589

Applied For

Not Applied

Zip

Country

Zip

Country

34103

USA

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

GOODMAN, KENNETH D
 3838 TAMiami TRAIL NORTH
 SUITE 300
 NAPLES FL 34103

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 ☐ Delete
 NAME D
 STREET ADDRESS HERMAN, DONALD
 CITY-ST-ZIP 4351 GULF SHORE BLVD NO APT 4 NORTH
 NAPLES FL 34103

TITLE ☐ Change ☒ Addition
 NAME Assistant Secretary
 STREET ADDRESS Kenneth D. Goodman
 CITY-ST-ZIP 3838 Tamiami Tr. N., Suite 300
 Naples, FL 34103

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HERMAN, JOAN K
 CITY-ST-ZIP 4351 GULF SHORE BLVD NO APT 4 NORTH
 NAPLES FL 34103

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HERMAN, DANIEL J
 CITY-ST-ZIP 3403 PENNSYLVANIA ST
 HYATTSVILLE MD 20783

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
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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

3/6/00

941-403-3000

Date

Daytime Phone #