

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90132 012 ****61.25

DOCUMENT # N99000002375

1. Entity Name

DON & JOAN HERMAN CHARITABLE FOUNDATION, INC.

Principal Place of Business

4351 Gulf Shore Blvd No
Apt 4 North
Naples, FL 34103

Mailing Address

3838 Tamiami Trail N.
Ste 300
Naples, FL 34103
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

59-3572589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Goodman, Kenneth D.
3838 Tamiami Trail North
Suite 300
Naples FL 34103

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME Herman, Donald J
STREET ADDRESS 4351 Gulf Shore Blvd No Apt 4 North
CITY-ST-ZIP Naples FL 34103

TITLE D ☐ Delete
NAME Herman, Joan K
STREET ADDRESS 4351 Gulf Shore Blvd No Apt 4 North
CITY-ST-ZIP Naples-FL 34103

TITLE D ☐ Delete
NAME Herman, Daniel J
STREET ADDRESS 3403 Pennsylvania St
CITY-ST-ZIP Hyattsville MD 20783

TITLE AS ☐ Delete
NAME Goodman, Kenneth D.
STREET ADDRESS 3838 Tamiami Tr N Ste 300
CITY-ST-ZIP Naples, FL 34103

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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

4/6/01

Date

941-403-3000

Daytime Phone #

CR2E037 (11/00)