

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

01-24-2003 90042 023 ****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

**4351 GULF SHORE BLVD NO
STE 4 NORTH**

3. Mailing Address

**3838 TAMiami TRAIL N
STE 30**

City & State

NAPLES, FL

City & State

NAPLES FL

Zip
34103

Country
US

Zip
34103

Country
US

4. FEI Number **59-3572589**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GOODMAN & BREEN, P.A.
3838 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **GOODMAN BREEN & BBS**
Street Address (P.O. Box Number is Not Acceptable)
3838 TAMiami TRAIL N SUITE 300
NAPLES FL
City **FL** Zip Code **34103**

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] **2/24/03**
JAN 22, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME **AS 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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NAME
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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

Date

Daytime Phone

CR2E037 (10/02)