20Q1	UNIFO	RM	BUSIN	ESS	REPORT	(UBR)
DOCUM	IENT#	N99	900000	369	8	

1. Entity Name

THE ARTHU	r and	SUSAN	KARP	FAMILY	CHARITABLE	FOUN
-----------	-------	-------	------	---------------	------------	-------------

Principal Place of Business
580 SOUTH MCINTOSH ROAD SARASOTA FL 34232

Mailing Address

580 SOUTH MCINTOSH ROAD SARASOTA FL 34232

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

04-23-2001 90184 044 ****62.50

群。等海岸边疆的。

DO NOT WRITE IN THIS SPACE

City & State		City & State			4. FEI N	lumber 59-1222747		Applied For Not Applicable	
Zip Country		Zip Co		ountry 5. Ce		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
				Name J	an D.	Lederman, P	h.D	•	
SINGER, JENNI	FER			Street Addres	s (P.O. Box N 80 S •	lumber is Not Acceptable) McIntosh Rd	•		

580 SOUTH MCINTOSH ROAD SARASOTA FL 34232

City Sarasota

Zip Code 34232

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the date of Florida.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

2/28/01

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 DIRE	CTORS	11.	ADDITIONS/CHA	ANGES TO OFFICERS	AND DIRECTORS I	N 10
TITLE	DP	Delete	TITLE	D		☐ Change	XX Addition 8
NAME	KARP, ARTHUR S	,	NAME	Charles Kno	owles'		ļ
STREET ADDRESS	7902 SANDERLING ROAD		STREET ADDRESS	4034 Robert	ts Point		2
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	Sarasota, E	FL 34242		18
TITLE	DVST	☐ Delete	TITLE	D		☐ Change	XX Addition
NAME .	KARP, MARY SUE	.	NAME	Alan M. Glo	over, MD		ا
STREET ADDRESS	-7902 SANDERLING ROAD		STREET ADDRESS	8266 Cypres	s Hollow	Dr.	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZÎP	Sarasota, Í		Tomas I am	
TITLE	DVST	Delete	TITLE	D	_	☐ Change	XX Addition
NAME	KARP, SAMANTHA A	☐ Delete	NAME	Beatrice Fr	iedman	•	
STREET ADDRESS	1302 ONHULITATIOND		STREET ADDRESS	435 L'Ambia	nce Dr.,	PH-G	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	Longboat Ke			
TITLE	DVST	Delete	TITLE	D Z	,	☐ Change	XX Addition
NAME	KARP, TAMMY S		NAME	Jennifer Si	nger		
STREET ADDRESS	0000 MIDNIGHT FACO HOAD		STREET ADDRESS	580 S. McIn	tosh Rd.		
CITY-ST-ZIP	SARASOTA FL 34242			Sarasota FI			
TITLE	DVTS	Delete	TITLE	lp .		☐ Change	X Addition
NAME	KARP, RICHARD J		NAME	Gregory S.	Band		
STREET ADDRESS	8855 MIDNIGHT PASS ROAD		STREET ADDRESS	1680 Fruity		Ste. 102	1
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	Sarasota, F			
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition ☐
NAME	ROSE, ALFRED		NAME				ļ
STREET ADDRESS	7960 SANDERLING ROAD		STREET ADDRESS				J
CITY-ST-ZIP	SARASOTA FL 34242		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 of the corporation or the receiver or trustee empowers changed, or on an attachment with an addless, with

SIGNATURE