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FILED

May 12, 2002 8:00 am
Secretary of State

04-01-2002 90601 039 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003698

1. Entity Name

THE ARTHUR AND SUSAN KARP FAMILY CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

580 SOUTH MCINTOSH ROAD
SARASOTA FL 34232580 SOUTH MCINTOSH ROAD
SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1222747

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Howard Tevlowitz

Street Address (P.O. Box Number is Not Acceptable)

580 South McIntosh Rd

City

Sarneda

FL

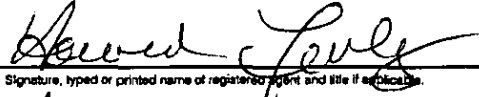
Zip Code

34232

LEDERMAN, JAN PH.D.
580 SOUTH MCINTOSH ROAD
SARASOTA FL 34232

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)

4/23/02
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KNOWLES, CHARLES	
STREET ADDRESS	4034 ROBERTS POINT	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	KARP, MARY SUE	
STREET ADDRESS	7902 SANDERLING ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	KARP, SAMANTHA A	
STREET ADDRESS	7902 SANDERLING ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	KARP, TAMMY S	
STREET ADDRESS	8855 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	KARP, RICHARD J	
STREET ADDRESS	8855 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, ALFRED	
STREET ADDRESS	7980 SANDERLING ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/02

Daytime Phone #

CF2E037 (9/01)