

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769083

**FILED**  
**Jan 17, 2023**  
**Secretary of State**  
**9508484319CC**

**Entity Name:** THE ELEANOR M. AND HERBERT D. KATZ FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

3020 NORTH MILITARY TRAIL  
SUITE 100  
BOCA RATON, FL 33431

**Current Mailing Address:**

3020 NORTH MILITARY TRAIL  
SUITE 100  
BOCA RATON, FL 33431 US

**FEI Number: 59-2320940**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KATZ, THOMAS O.  
3020 NORTH MILITARY TRAIL  
SUITE 100  
BOCA RATON, FL 33431 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name KATZ, WALTER  
Address 12489 STONEBROOK CIRCLE  
City-State-Zip: DAVIE FL 33330

Title D  
Name CUTLER, LAURA KATZ  
Address 5307 ELLIOTT RD.  
City-State-Zip: BETHESDA MD 20816

Title DST  
Name KATZ, THOMAS O.  
Address 3020 NORTH MILITARY TRAIL  
SUITE 100  
City-State-Zip: BOCA RATON FL 33431

Title D  
Name KATZ, SALLY L  
Address 1 INDEPENDENCE/UNIT 1  
City-State-Zip: PHILADELPHIA PA 19106

Title D  
Name KATZ, DANIEL W  
Address 12914 STONEBROOK DR.  
City-State-Zip: DAVIE FL 33330

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS O. KATZ**

**DIRECTOR**

**01/17/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date