

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1800000457

**Entity Name:** KATZ FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

614 W BROWN DEER RD STE 300  
BAYSIDE, WI 53217

**Current Mailing Address:**

614 W BROWN DEER RD STE 300  
BAYSIDE, WI 53217

**FEI Number:** 61-1888247

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**FILED**  
**Apr 27, 2020**  
**Secretary of State**  
**5169193487CC**

*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           DIRECTOR  
Name           KATZ, DANIEL J  
Address        614 W BROWN DEER RD STE 300  
City-State-Zip: BAYSIDE WI 53217

Title           DIRECTOR  
Name           KATZ, CAROLINE R  
Address        614 W BROWN DEER RD STE 300  
City-State-Zip: BAYSIDE WI 53217

Title           DIRECTOR  
Name           GONTOWNIK, LILLY  
Address        614 W BROWN DEER RD STE 300  
City-State-Zip: BAYSIDE WI 53217

Title           DIRECTOR  
Name           HIRTH, SARAH  
Address        614 W BROWN DEER RD STE 300  
City-State-Zip: BAYSIDE WI 53217

Title           DIRECTOR  
Name           GONTOWNIK, EZRA  
Address        614 W BROWN DEER RD STE 300  
City-State-Zip: BAYSIDE WI 53217

Title           DIRECTOR  
Name           KATZ, AARON  
Address        614 W BROWN DEER RD STE 300  
City-State-Zip: BAYSIDE WI 53217

Title           DIRECTOR  
Name           KATZ, PEARL  
Address        614 W BROWN DEER RD STE 300  
City-State-Zip: BAYSIDE WI 53217

Title           DIRECTOR  
Name           KATZ, JACOB  
Address        614 W BROWN DEER RD STE 300  
City-State-Zip: BAYSIDE WI 53217

**Continues on page 2**

*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:** DANIEL J. KATZ

**PRESIDENT**

**04/27/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KATZ, HANNAH  
Address 614 W BROWN DEER RD STE 300  
City-State-Zip: BAYSIDE WI 53217

Title PRESIDENT & TREASURER  
Name KATZ, DANIEL J  
Address 614 W BROWN DEER RD STE 300  
City-State-Zip: BAYSIDE WI 53217

Title VICE PRESIDENT & SECRETARY  
Name KATZ, CAROLINE R  
Address 614 W BROWN DEER RD STE 300  
City-State-Zip: BAYSIDE WI 53217