2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000004069

Entity Name: GT HOLLY SKOLNICK FELLOWSHIP FOUNDATION, INC.

FILED
May 27, 2025
Secretary of State
0466857006CC

Current Principal Place of Business:

ATTN: DIR. OF FINANCE

333 SE 2ND AVENUE 44TH FLOOR

MIAMI, FL 33131

Current Mailing Address:

ATTN: DIR. OF FINANCE

333 SE 2ND AVENUE 44TH FLOOR

MIAMI, FL 33131 US

FEI Number: 65-0686251 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Officer/Director Detail :

Title PRESIDENT, SECRETARY & Title DIRECTOR

TREASURER Name SAXL. STEPHEN

Name HELLER, CAROLINE

Address ATTN: DIR. OF FINANCE

Address ATTN: DIR. OF FINANCE 333 SE 2ND AVENUE 44TH FLOOR

333 SE 2ND AVENUE 44TH FLOOR

City-State-Zip: MIAMI FL 33131

City-State-Zip: MIAMI FL 33131

Title DIRECTOR

Name GREER, ERNEST L.

Name OSTFELD, GREGORY

Address ATTN: DIR. OF FINANCE 333 SF 2ND AVENUE 44TH F

ATTN: DIR. OF FINANCE

333 SE 2ND AVENUE 44TH FLOOR

333 SE 2ND AVENUE 44TH FLOOR

City-State-Zip: MIAMI FL 33131

Title ASSISTANT TREASURER

Title ASSISTANT SECRETARY

Name HILSMAN, TERRY G.

Address ATTN: DIR. OF FINANCE
Address ATTN: DIR. OF FINANCE
333 SF 2ND AVENUE 44TH F

ATTN: DIR. OF FINANCE

333 SE 2ND AVENUE 44TH FLOOR

333 SE 2ND AVENUE 44TH FLOOR

City-State-Zip: MIAMI FL 33131

Name

Title DIRECTOR

Address ATTN: DIR. OF FINANCE

GREENFIELD, ALAN

333 SE 2ND AVENUE 44TH FLOOR

City-State-Zip: MIAMI FL 33131

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: DREW M. ALTMAN ASSISTANT SECRETARY 05/27/2025

Date