2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000004069

Entity Name: GT HOLLY SKOLNICK FELLOWSHIP FOUNDATION, INC.

FILED Mar 28, 2024 Secretary of State 4607842870CC

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:

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:

Name

Date Electronic Signature of Registered Agent

Officer/Director Detail:

PRESIDENT, TREASURER, Title **DIRECTOR**

SECRETARY SAXL. STEPHEN Name HELLER, CAROLINE

ATTN: DIR. OF FINANCE Address Address

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

333 SE 2ND AVENUE 44TH FLOOR MIAMI FL 33131 City-State-Zip:

City-State-Zip: MIAMI FL 33131

Title DIRECTOR **DIRECTOR** Title

GREER, ERNEST L. Name OSTFELD, GREGORY Name

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

333 SE 2ND AVENUE 44TH FLOOR

MIAMI FL 33131 City-State-Zip: City-State-Zip: MIAMI FL 33131

Title ASSISTANT SECRETARY Title ASST. TREASURER

ALTMAN, DREW Name Name HILMAN, TERRY G.

ATTN: DIR. OF FINANCE Address 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

GREENFIELD, ALAN Name

Address ATTN: DIR. OF FINANCE

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.

03/28/2024 SIGNATURE: DREW ALTMAN ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date