

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004069

Entity Name: GT HOLLY SKOLNICK FELLOWSHIP FOUNDATION, INC.**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:**CORPDIRECT AGENTS, INC
1200 SOUTH PINE ISLAND ROAD
MIAMI, 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	HELLER, CAROLINE
Address	ATTN: DIR. OF FINANCE 333 SE 2ND AVENUE 44TH FLOOR
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	SAXL, STEPHEN
Address	ATTN: DIR. OF FINANCE 333 SE 2ND AVENUE 44TH FLOOR
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	LEHR, MICHAEL
Address	ATTN: DIR. OF FINANCE 333 SE 2ND AVENUE 44TH FLOOR
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	OSTFELD, GREGORY
Address	ATTN: DIR. OF FINANCE 333 SE 2ND AVENUE 44TH FLOOR
City-State-Zip:	MIAMI FL 33131

Title	AUTHORIZED SIGNER
Name	BERKOWITZ, PAUL
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.

SIGNATURE: PAUL BERKOWITZ**AUTHORIZED SIGNOR****01/06/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date