

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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, SECRETARY &  
                    TREASURER  
Name            HELLER, CAROLINE  
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            DIRECTOR  
Name            GREER, ERNEST  
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            ASSISTANT SECRETARY AND  
                    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

**ASSISTANT SECRETARY    03/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date