

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90088 030 \*\*\*\*61.25

**DOCUMENT # F00000004539**



1. Entity Name  
**WHEELCHAIR FOUNDATION, INC.**

Principal Place of Business  
**3820 BLACKHAWK ROAD  
DANVILLE CA 94506-4617**

Mailing Address  
**3820 BLACKHAWK ROAD  
DANVILLE CA 94506-4617**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-3353881**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KALINOSKI, SHARON  
1231 HOLLYWOOD BOULEVARD, SUITE 505  
HOLLYWOOD FL 33020-6753**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BEINKE, STEPHEN</b>	
STREET ADDRESS	<b>3820 BLACKHAWK ROAD</b>	
CITY-ST-ZIP	<b>DANVILLE CA 94506</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BEHRING, DAVID E</b>	
STREET ADDRESS	<b>3820 BLACKHAWK ROAD</b>	
CITY-ST-ZIP	<b>DANVILLE CA 94506-4617</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEIN, ELLIOT D</b>	
STREET ADDRESS	<b>3820 BLACKHAWK ROAD</b>	
CITY-ST-ZIP	<b>DANVILLE CA 94506-4617</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

*EARL CAULFIELD 2/16/03 925 736 1571*

CR2E037 (10/02)