

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90154 001 \*\*\*122.50

**DOCUMENT # N16587**

1. Entity Name.

**THE UNITED WAY ROTUNDA FOUNDATION, INC.**

Principal Place of Business

Mailing Address

2600 QUANTUM BLVD  
 BOYTON BEACH FL 33426  
 US

P. O. BOX 20809  
 W PALM BEACH FL 33416-0809  
 US

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

**59-2718189**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BADESCH, SCOTT B**  
**2600 QUANTUM BLVD.**  
**BOYTON BEACH FL 33426**

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	NAME	ZOBEL, ROBERT E	STREET ADDRESS	9200 RUTLEDGE AVE	CITY-ST-ZIP	BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE	VD	NAME	MOFFETT, THEODORE R.	STREET ADDRESS	5200 N DIXIE HWY #2505	CITY-ST-ZIP	W. PALM BEACH FL	<input type="checkbox"/> Delete
TITLE	STD	NAME	FLANIGAN, JOHN F	STREET ADDRESS	625 N FLAGLER DR	CITY-ST-ZIP	W. PALM BEACH FL	<input type="checkbox"/> Delete
TITLE	D	NAME	LINSTROTH, JOHN	STREET ADDRESS	8 INTERLOCKEN CIRCLE	CITY-ST-ZIP	WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE	D	NAME	REITER, JOSEPH	STREET ADDRESS	515 NORTH FLAGLER DRIVE	CITY-ST-ZIP	WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE	D	NAME	DYER, MICHAEL	STREET ADDRESS	2000 PGA BLVD #2202	CITY-ST-ZIP	PALM BEACH GARDENS FL 33408	<input type="checkbox"/> Delete

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

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 changed, or on an attachment with an address, with all other, was empowered.

SIGNATURE: SIGNATURE REQUIRED **SCOTT B. BADESCH** 1/14/2000 561.375.6600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #