

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006877

1. Entity Name

KOL DODI, INC. (A FLORIDA CORP.)  
(NOT FOR PROFIT)

Principal Place of Business

14570 MILITARY TR  
SUITE C1  
DELRAY BEACH FL 33484

Mailing Address

KOL DODI INC.  
C/O RON BAEHR  
770 HORIZONS E. #310  
BOYNTON BEACH FL 33435

2. Principal Place of Business

14570 MILITARY TRAIL  
Suite, Apt. #, etc.  
SUITE C1

3. Mailing Address

770 HORIZONS EAST  
Suite, Apt. #, etc.  
#310

City & State

DELRAY BEACH FL

City & State

BOYNTON BEACH FL

4. FEI Number

65-0975573

Applied For

Not Applicable

Zip

33484

Country

USA

Zip

33435

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RON BAEHR  
770 HORIZONS EAST #310  
BOYNTON BEACH FL 33435

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

Ron Baehr (V.P. TREASURER)

4-12-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D/V. ☒ Delete  
NAME ROBERT KLEMISH  
STREET ADDRESS 7649 SPRINGFIELD LAKE DR  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D/V. ☒ Change ☐ Addition  
NAME RON BAEHR  
STREET ADDRESS 770 HORIZONS EAST #310  
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☒ Delete  
NAME ☒ Delete  
STREET ADDRESS ☒ Delete  
CITY-ST-ZIP ☒ Delete

TITLE D/S/T ☐ Change ☒ Addition  
NAME PHYLLIS WEL  
STREET ADDRESS 13412A VIA VESTA  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D/P ☐ Delete  
NAME KEN ALPEN  
STREET ADDRESS 14570 MILITARY TRAIL SUITE C1  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D/P ☐ Change ☐ Addition  
NAME KEN ALPEN  
STREET ADDRESS 14570 MILITARY TRAIL SUITE C1  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D/S/T ☐ Delete  
NAME RON BAEHR  
STREET ADDRESS 770 HORIZONS EAST #310  
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00 561-737-2427

Date

Daytime Phone #

CR2E037 (9/99)