

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90006 007 ****61.25

DOCUMENT # 720723

1. Entity Name

WORLD DOLPHIN FOUNDATION, INC.

Principal Place of Business

Mailing Address

**C/O ELISABETH TRUBY
 7050 SUNSET DRIVE
 SOUTH MIAMI FL 33143
 US**

**7500 SW 63RD AVE
 MIAMI FL 33143
 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

23-7206892

Applied For

Not Applicable

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

**TRUBY, FREDERICK S.
 7500 SW 63RD AVE
 MIAMI FL 33143**

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 **D** ☐ Delete
 NAME **DOUGLAS, MARJORY S.(LLD)**
 STREET ADDRESS **3744 STEWART AVENUE**
 CITY-ST-ZIP **COCONUT GROVE FL**

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

TITLE **VTD** ☐ Delete
 NAME **LEFEVRE, NORMAN F. (CPA)**
 STREET ADDRESS **6820 SW 126 TERRACE**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
 NAME **CARY, DANIEL M. (MS)**
 STREET ADDRESS **3620 WOOD CREEK TRAIL**
 CITY-ST-ZIP **PALM CITY FL**

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

TITLE **VD** ☐ Delete
 NAME **BEDNARCZYK, L. (PHD)**
 STREET ADDRESS **1582 NE 8TH STREET-102**
 CITY-ST-ZIP **HOMESTEAD FL**

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

TITLE **SD** ☐ Delete
 NAME **TRUBY, ELISABETH.(EMT)**
 STREET ADDRESS **7050 SUNSET DRIVE**
 CITY-ST-ZIP **SOUTH MIAMI FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Elisabeth Truby (Elisabeth Truby)

MARCH 6, 2002 305 667 8159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)