

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749084

1. Entity Name

DODD FOUNDATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90127 026 ****61.25

Principal Place of Business

Mailing Address

3625 MALLIE COURT
MELBOURNE FL 32934-8358
US

3625 MALLIE CT.
MELBOURNE FL 32934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1939696

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DODD, W STANLEY JR
3625 MALLIE COURT
MELBOURNE FL 32934

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	<input type="checkbox"/> Delete
NAME	DODD, W. S JR	
STREET ADDRESS	3625 MALLIE COURT	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DODD, CAROLYN D.	
STREET ADDRESS	3625 MALLIE COURT	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, ELLEN D	
STREET ADDRESS	2574 KINGSMILL AVE.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DODD, PHILIP H.	
STREET ADDRESS	617 KENYON DR	
CITY-ST-ZIP	RED LION PA 17356	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HAYES, THOMAS M.	
STREET ADDRESS	2574 KINGSMILL AVE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODD, WARREN S. III	
STREET ADDRESS	2661 PINEAPPLE AVE	
CITY-ST-ZIP	MELBOURNE FL 32935	

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

Carolyn D. Dodd REQUIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

(321) 259-9830

Date

Daytime Phone #

CR2E037 (9/99)