

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90307 009 ****61.25

0091235

DOCUMENT # 749084

1. Entity Name

DODD FOUNDATION, INC.

Principal Place of Business

3625 MALLIE COURT
 MELBOURNE FL 32934-8358
 US

Mailing Address

3625 MALLIE CT.
 MELBOURNE FL 32934-8358

00024742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3625 Mallie Court

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** ☐ Delete
 NAME **DODD, W. S JR**
 STREET ADDRESS **3625 MALLIE COURT**
 CITY-ST-ZIP **MELBOURNE FL 32934**

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

TITLE **STD** ☐ Delete
 NAME **DODD, CAROLYN D.**
 STREET ADDRESS **3625 MALLIE COURT**
 CITY-ST-ZIP **MELBOURNE FL 32934**

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

TITLE **D** ☐ Delete
 NAME **HAYES, ELLEN D**
 STREET ADDRESS **2574 KINGSMILL AVE.**
 CITY-ST-ZIP **MELBOURNE FL 32934**

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

TITLE **DP** ☐ Delete
 NAME **DODD, PHILIP H.**
 STREET ADDRESS **617 KENYON DR**
 CITY-ST-ZIP **RED LION PA 17356**

TITLE **D** ☒ Change ☐ Addition
 NAME **same**
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DV** ☐ Delete
 NAME **HAYES, THOMAS M.**
 STREET ADDRESS **2574 KINGSMILL AVE**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **DP** ☒ Change ☐ Addition
 NAME **same**
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **DODD, WARREN S. III**
 STREET ADDRESS **2661 PINEAPPLE AVE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

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

W. S. Dodd, Jr.
W. S. Dodd, Jr.

3-2-01

Date

(321) 259-9830

Daytime Phone #

CR2E037 (10/00)

Attachment
749084 / D0024742

Additional Officer/Director

Title DV

Name Dodd, Mary D.

^{Street}
Address 617 Kenyon Drive

City, State, zip Red Lion, PA 17356