

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 852718**

1. Entity Name

NATIONAL PSORIASIS FOUNDATION, INC.**FILED****Feb 15, 2000 8:00 am
Secretary of State**

02-15-2000 90004 047 ****70.00

Principal Place of Business

Mailing Address

SW 92 AVE

6600 SW 92 AVE

S300

PORTLAND OR 97223-7195

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

93-0571472

Applied For

Not Applicable

Zip Country Zip Country

97223-7195

97223-7195

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

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	BARTON, THOMAS	
STREET ADDRESS	13633 BARTON CT.	
CITY-ST-ZIP	LOS ALTOS HILLS CA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FISHER, PATTY W	
STREET ADDRESS	515 S BARRINGTON	
CITY-ST-ZIP	LA CA 90049	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CICERO, MARY BETH	
STREET ADDRESS	4 OLD COUNTRY RD	
CITY-ST-ZIP	HINGHAM MA 02043	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WOHLBERG, SETH	
STREET ADDRESS	121 HOLMES AVE.	
CITY-ST-ZIP	DARIEN CT	
TITLE	MD	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, GAIL M	
STREET ADDRESS	6600 SW 92 AVE S300	
CITY-ST-ZIP	PORTLAND OR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT DAY, PhD	
STREET ADDRESS	4105 Lewis & Clark Dr	
CITY-ST-ZIP	Charlottesville, VA 22911	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	HINGHAM	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	97223-7195	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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:

GAIL M ZIMMERMAN
PRESIDENT & CEO

Date

2-7-00

Daytime Phone #

503/244-7404