

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000695

1. Entity Name

THE WILLIAM AND HELEN DILLER CHARITABLE FOUNDATI

Principal Place of Business

1177 NORTH LAKE WAY  
PALM BEACH FL 33480

Mailing Address

1177 NORTH LAKE WAY  
PALM BEACH FL 33480

2. Principal Place of Business

5550 N. Ocean Dr.  
Suite, Apt. #, etc. 15A

3. Mailing Address

P.O. Box 971  
Suite, Apt. #, etc.

City & State

Singer Island FL  
Zip 33404, Country USA

City & State

Palm Beach FL  
Zip 33480, Country USA

4. FEI Number

22-3627361

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name Reid Moore Jr.  
Street Address (P.O. Box Number is Not Acceptable) 50 Coconut Row, Suite 115  
City Palm Beach FL Zip 33480

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Reid Moore, Jr.

8-15-01

FILE FEE: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DILLER, WAYNE W 1177 NORTH LAKE WAY PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DILLER, SALLY A 1177 NORTH LAKE WAY PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DILLER, CHRISTOPHER A 1013 HARBOUR DRIVE ANNAPOLIS MD 21403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Greg Guyon 9700 Pacific Ave #102 Wildwood Crest NJ 08260	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Joseph J. Giordano 312 20th St New York NY 10011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Karen S Roberts 112 Eastern Rd North Palm Beach FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee marcia K. Spatola 166 Pearl Croft Rd Cherry Hill NJ 08034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

8-5-01

561-882-0080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Printing Phone #

0010749

CP2E037 (5/01)



DO NOT WRITE IN THIS SPACE