

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90164 001 ****61.25
 05-20-2002 90164 002 *****8.75

DOCUMENT # F00000000695

1. Entity Name

**THE WILLIAM AND HELEN DILLER CHARITABLE FOUNDATI
 ON, INC.**

Principal Place of Business

Mailing Address

**5550 N OCEAN DRIVE
 15A
 WEST PALM BEACH FL 33404**

**P.O. BOX 971
 PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

5550 N. Ocean Drive

PO Box 971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15 A

City & State

City & State

Riviera Beach, FL

Palm Beach, FL

4. FEI Number

22-3627361

Applied For

Not Applicable

Zip

Country

Zip

Country

33404

USA

33480

USA

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

**MOORE, REID JR
 50 COCOANUT ROW
 SUITE 115
 PALM BEACH FL 33480**

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 ☒ Delete
 NAME **PCD**
 STREET ADDRESS **DILLER, WAYNE W**
 CITY-ST-ZIP **1177 NORTH LAKE WAY
 PALM BEACH FL 33480**

TITLE ☒ Change ☐ Addition
 NAME **P-S-T & Director**
 STREET ADDRESS **DILLER, WAYNE W.**
 CITY-ST-ZIP **5550 N. Ocean Dr., #15A
 Riviera Beach, FL 33404**

TITLE ☒ Delete
 NAME **VD**
 STREET ADDRESS **DILLER, SALLY A**
 CITY-ST-ZIP **1177 NORTH LAKE WAY
 PALM BEACH FL 33480**

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

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **DILLER, CHRISTOPHER A**
 CITY-ST-ZIP **1013 HARBOUR DRIVE
 ANNAPOLIS MD 21403**

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

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **GUYON, GREY**
 CITY-ST-ZIP **9700 PACIFIC AVENUE # 102
 WILDWOOD CREST NJ 08260**

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **GUYON, GREGORY J.**
 CITY-ST-ZIP **9700 Pacific Avenue #102
 Wildwood Crest, NJ 08260**

TITLE ☒ Delete
 NAME **ST**
 STREET ADDRESS **ROBERTS, KAREN S**
 CITY-ST-ZIP **112 EASTERLY RD
 NORTH PALM BEACH FL 33408**

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **ROBERTS, KAREN S.**
 CITY-ST-ZIP **112 Easterly Road
 North Palm Beach, FL 33408**

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **SPATOLA, MARCIA K**
 CITY-ST-ZIP **166 PEARL CROFT RD
 CHERRY HILL NJ 08034**

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: **WAYNE W. DILLER** **4/22/02** **561-655-0400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)