

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90029 047 *****61.25

DOCUMENT # F00000000695



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

Principal Place of Business
**5550 N OCEAN DRIVE
15A
WEST PALM BEACH FL 33404**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3627361**

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

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

7. Name and Address of New Registered Agent

Name
John Harrison Hough

Street Address (P.O. Box Number is Not Acceptable)
249 Royal Palm Way, Suite 403

City
Palm Beach **FL** Zip Code
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **April 21, 2003**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
DILLER, WAYNE W.
5550 N OCEAN DR #15A
RIVIERA BCH FL 33404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GUYON, GREY
9700 PACIFIC AVENUE # 102
WILDWOOD CREST NJ 08260** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
ROBERTS, KAREN S
112 EASTERLY RD
NORTH PALM BEACH FL 33408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 REQUIRED

April 21, 2003

CR2E037 (10/02)