**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # F9300001444

1. Entity Name

## THE HERBERT AND ETHEL WELLS FOUNDATION, INC.

Principal Plac	ce of Busines	3	Mailing A	Mailing Address									
ATTN: WILLIAM BUSH 666 FIFTH AVENUE, % FULBRIGHT & JAWORSKI NEW YORK NY 10103			666 FIFTH	ATTN: WILLIAM BUSH 666 FIFTH AVENUE. % FULBRIGHT & JAWORSKI NEW YORK NY 10103				1 <b>30</b> (1 <b>30</b> 13( <b>0</b> 10		5		11012 BZB2 18 <b>0</b> 1	
2. Principal Place of Business			3. Mailing	3. Mailing Address						HININÍI			
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City &	City & State			4. FEI N	4. FEI Number 13-2925228			<del> </del>	oplied For	
Zip Country			Zip		Coun	try	5. Certificate of Status Desir			\$9.75 Addistant			
	6. Name	and Address of Current	Registered A	\gent		a stangs ,	7. Name	and Addr	ess of New A	egistered A	gent `-	÷	
						Name							
VCNAD M	IANAGEMEN	IT INC			 	Street Address (P.O. Box Number is Not Acceptable)							
				•			Castination (F.O. Donnation of Natinopalable)						
1520 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480													
FALM DEACH PL 35400						City				FL	Zip Cod	e	
			· · ·								<u> </u>		
<b>8</b> The above	named entity	y submits this statement for	or the purpose	of changing its	registered	office or registe	ered agent, c	or both, in t	ne state of Fig	rida.			
SIGNATURE .													
	Signature, typed	or printed name of registered agen	t and title if applicat	ole. (NOTE	: Registered	Agent signature require	ed when reinstatin	ng)		DATE			
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i	FII E NOW	. FEE IO ACT OF		- Fl								ŀ	
		: FEE IS \$01.25		<ol><li>Election Can</li></ol>	npaign Fin	ancing	\$5.00 M	May Be	Ma	ke Check	Payable 1	to	
		: FEE IS \$61.25 2001, min. will be \$2	236.25	Trust Fund C		· -	\$5.00 M Added to F			ke Check epartmen			
After Septe		2001, min. will be \$			Contributio	· -	Added to F	Fees		epartmen	t of State	) 	
After Septe	ember 12,			Trust Fund C	Contributio	· -	Added to F	Fees		epartmen	ectors in	10	
After Septe	ember 12,	2001, min. will be \$			11.	· -	Added to F	Fees		epartmen	t of State	) 	
10. TITLE NAME	PTCD ADLER, F	OFFICERS AND DI		Trust Fund C	11. TITLE NAME	n.	Added to F	Fees		epartmen	ectors in	10	
10. TITLE NAME STREET ADDRESS	PTCD ADLER, FI 1520 SOU	OFFICERS AND DI REDERICK R ITH OCEAN BLVD.		Trust Fund C	11. TITLE NAME	ADDRESS	Added to F	Fees		epartmen	ectors in	10	
After Septe  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD ADLER, FI 1520 SOU PALM BE/	OFFICERS AND DI		Trust Fund C	11. TITLE NAME STREET CITY-S	ADDRESS	Added to F	Fees		epartmen	ECTORS IN	10 Addition	
After Septe  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTCD ADLER, FI 1520 SOU PALM BE/	OFFICERS AND DI REDERICK R JTH OCEAN BLVD. ACH FL 33480		Trust Fund C	11. TITLE NAME STREET CITY-S TITLE	ADDRESS	Added to F	Fees		epartmen	ectors in	10	
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**SIGNATURE:** 

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.