

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001790

1. Entity Name

DODSON FAMILY FOUNDATION, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90005 041 \*\*\*\*61.25

Principal Place of Business C/O MRS. ELIZABETH K. DODSON 7383 ORANGWOOD LANE, UNITE 303 BOCA RATON FL 33433	Mailing Address C/O MRS. ELIZABETH K. DODSON 7383 ORANGWOOD LANE, UNITE 303 BOCA RATON FL 33433-7470
--	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--



DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0342321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DODSON, ELIZABETH K. 7383 ORANGEWOOD LANE UNIT 303 BOCA RATON FL 33433	7. Name and Address of New Registered Agent 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 Elizabeth K. Dodson Jan 31, 2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing) DATE

FILE NOW: FEE IS \$61.25 ✓	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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																																																																																																																								
<table border="1"> <tr> <td>TITLE</td> <td>PCD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DODSON, ELIZABETH K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7383 ORANGEWOOD LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33433</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KARA, MICHAEL J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7383 ORANGEWOOD LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33433</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VINCENT, ISABELLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>172109 FOOT HILL DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUN CITY AZ</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CPA</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCCURRY, WILLIAM P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21301 POWERLINE RD STE 204</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33433</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VINCENT, THEODORE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3838 MANCHESTER AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ENCINITAS CA</td> <td></td> </tr> <tr> <td>TITLE</td> <td>A</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PYE, THOMAS G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2787 E OAKLAND PARK BLVD STE 301</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT LAUDERDALE FL 33306</td> <td></td> </tr> </table>	TITLE	PCD	<input type="checkbox"/> Delete	NAME	DODSON, ELIZABETH K		STREET ADDRESS	7383 ORANGEWOOD LANE		CITY-ST-ZIP	BOCA RATON FL 33433		TITLE	VD	<input type="checkbox"/> Delete	NAME	KARA, MICHAEL J		STREET ADDRESS	7383 ORANGEWOOD LANE		CITY-ST-ZIP	BOCA RATON FL 33433		TITLE	VD	<input type="checkbox"/> Delete	NAME	VINCENT, ISABELLE		STREET ADDRESS	172109 FOOT HILL DRIVE		CITY-ST-ZIP	SUN CITY AZ		TITLE	CPA	<input type="checkbox"/> Delete	NAME	MCCURRY, WILLIAM P		STREET ADDRESS	21301 POWERLINE RD STE 204		CITY-ST-ZIP	BOCA RATON FL 33433		TITLE	VD	<input type="checkbox"/> Delete	NAME	VINCENT, THEODORE		STREET ADDRESS	3838 MANCHESTER AVE		CITY-ST-ZIP	ENCINITAS CA		TITLE	A	<input type="checkbox"/> Delete	NAME	PYE, THOMAS G		STREET ADDRESS	2787 E OAKLAND PARK BLVD STE 301		CITY-ST-ZIP	FT LAUDERDALE FL 33306		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PCD	<input type="checkbox"/> Delete																																																																																																																							
NAME	DODSON, ELIZABETH K																																																																																																																								
STREET ADDRESS	7383 ORANGEWOOD LANE																																																																																																																								
CITY-ST-ZIP	BOCA RATON FL 33433																																																																																																																								
TITLE	VD	<input type="checkbox"/> Delete																																																																																																																							
NAME	KARA, MICHAEL J																																																																																																																								
STREET ADDRESS	7383 ORANGEWOOD LANE																																																																																																																								
CITY-ST-ZIP	BOCA RATON FL 33433																																																																																																																								
TITLE	VD	<input type="checkbox"/> Delete																																																																																																																							
NAME	VINCENT, ISABELLE																																																																																																																								
STREET ADDRESS	172109 FOOT HILL DRIVE																																																																																																																								
CITY-ST-ZIP	SUN CITY AZ																																																																																																																								
TITLE	CPA	<input type="checkbox"/> Delete																																																																																																																							
NAME	MCCURRY, WILLIAM P																																																																																																																								
STREET ADDRESS	21301 POWERLINE RD STE 204																																																																																																																								
CITY-ST-ZIP	BOCA RATON FL 33433																																																																																																																								
TITLE	VD	<input type="checkbox"/> Delete																																																																																																																							
NAME	VINCENT, THEODORE																																																																																																																								
STREET ADDRESS	3838 MANCHESTER AVE																																																																																																																								
CITY-ST-ZIP	ENCINITAS CA																																																																																																																								
TITLE	A	<input type="checkbox"/> Delete																																																																																																																							
NAME	PYE, THOMAS G																																																																																																																								
STREET ADDRESS	2787 E OAKLAND PARK BLVD STE 301																																																																																																																								
CITY-ST-ZIP	FT LAUDERDALE FL 33306																																																																																																																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Elizabeth K. Dodson Jan 31, 2000 (561) 483-4976  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)