

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # F93000001790

1. Entity Name

DODSON FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O MRS. ELIZABETH K. DODSON
 7383 ORANGWOOD LANE, UNITE 303
 BOCA RATON FL 33433

C/O MRS. ELIZABETH K. DODSON
 7383 ORANGWOOD LANE, UNITE 303
 BOCA RATON FL 33433-7470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0342321

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DODSON, ELIZABETH K.
7383 ORANGEWOOD LANE
UNIT 303
BOCA RATON FL 33433

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.

\$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	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
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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)