

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/25/00-90061-045-\$61.25-\$61.25

DOCUMENT # F99000001709

1. Entity Name

THE DHARMA FOUNDATION III, INC.

NON-PROFIT

Principal Place of Business

C/O RODNEY G. ROMANO  
14 SO. SWINTON AVE.  
DELRAY BEACH FL 33444

Mailing Address

C/O RODNEY G. ROMANO  
14 SO. SWINTON AVE.  
DELRAY BEACH FL 33444-3654

APPROVED  
AND  
FILED

00 JUN 21 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0239353

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

7. Name and Address of New Registered Agent

ROMANO, RODNEY G ESQ.  
14 SO. SWINTON AVE.  
DELRAY BEACH FL 33444

Name SMITHER, ROBERT M, JR

Street Address (P.O. Box Number is Not Acceptable)

14 SO. SWINTON AVE

City DELRAY BEACH FL Zip Code 33444

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

*Robert M. Smither, Jr.*

ROBERT M. SMITHER, JR D/VP/ST 4/21/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

61.25

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP  
NAME WORRELL, ODETTE A  
STREET ADDRESS 14 SO. SWINTON AVE.  
CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE D/P  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VVST  
NAME SMITHER, ROBERT M JR.  
STREET ADDRESS 14 SO. SWINTON AVE.  
CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE D/VP/ST  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME KIM GOODYEAR  
STREET ADDRESS 125 LA POSTA RD  
CITY-ST-ZIP TAOS, NM 87571 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert M. Smither, Jr.*

ROBERT M. SMITHER, JR 4/21/00 (561) 243-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (9/99)