

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90127 002 ****61.25

DOCUMENT # N00000004616

1. Entity Name

FOUNDATION FOR LIGHT THERAPY, INC.

Principal Place of Business

Mailing Address

5030 CHAMPION BLVD., #187
 BOCA RATON FL 33496

5030 CHAMPION BLVD., #187
 BOCA RATON FL 33496

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

1651048088

Applied For

Not Applicable

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

BARNETT, EUGENE P
5216 VENTURA DR.
DELRAY BEACH FL 33484

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CPD ☐ Delete
 NAME BARNETT, EUGENE P
 STREET ADDRESS 5216 VENTURA DR.
 CITY-ST-ZIP DELRAY BEACH FL 33484

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

TITLE VSD ☐ Delete
 NAME DISTEFANO, ROBERT
 STREET ADDRESS 2805 E. OAKLAND PARK BLVD., #254
 CITY-ST-ZIP FT. LAUDERDALE FL 33306

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

TITLE TD ☐ Delete
 NAME ABEL, MARY BETH
 STREET ADDRESS 56 GREENWOOD AVE.
 CITY-ST-ZIP SWAMPSCOTT MA 01907

TITLE ☒ Change ☐ Addition
 NAME MCDONALD, MARY BETH
 STREET ADDRESS 2055-J SPRING HARBOR DRIVE
 CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Mary Beth McDonald
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

561
 274 8094

Date

Daytime Phone #

CR2E037 (10/00)