

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 DEC 18 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *1100080004616*

1. Entity Name

FOUNDATION FOR LIGHT THERAPY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6554 LAS FLORES DR

Suite, Apt. #, etc.

3. Mailing Address

6554 LAS FLORES DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-1023475

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33433

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT DISTEFANO

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

6554 LAS FLORES DR

City

BOCA RATON

FL

Zip Code

33433

**DO NOT WRITE
IN THIS SPACE**

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 DISTEFANO

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

12-17-02

DATE

FEE IS \$61.25

Initial or Amended UBR

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

| | |
|----------------|--|
| TITLE | <i>PRESIDENT, DIRECTOR</i> |
| NAME | <i>EUGENE P. BARNETT</i> |
| STREET ADDRESS | <i>5216 VENTURA DRIVE</i> |
| CITY-ST-ZIP | <i>DELRAY BEACH FL 33484</i> |
| TITLE | <i>VICE PRESIDENT, SECRETARY, DIRECTOR</i> |
| NAME | <i>ROBERT DISTEFANO</i> |
| STREET ADDRESS | <i>6554 LAS FLORES DR</i> |
| CITY-ST-ZIP | <i>BOCA RATON FL 33433</i> |
| TITLE | <i>TREASURER - DIRECTOR</i> |
| NAME | <i>MARY BETH McDONALD</i> |
| STREET ADDRESS | <i>6554 LAS FLORES DRIVE</i> |
| CITY-ST-ZIP | <i>BOCA RATON FL 33433</i> |
| TITLE | |
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-02

Date

Daytime Phone #

954 2243535

CR2E037B (12/01)

From the desk of:

Robert J. DiStefano

December 17, 2002

To: State of Florida, Department of Corporation Reinstatement

From: Bob DiStefano, VP, Secretary, Foundation For Light Therapy

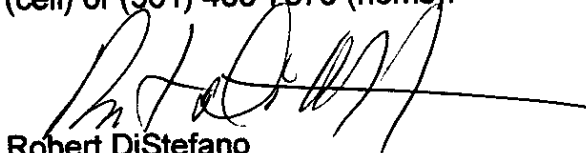
Subject: Reinstatement

Please be advised that we did not receive any notification of the annual registration notice.

Accordingly, I am enclosing the check for reinstatement for \$61.25 and an additional check for \$8.75 for a Certificate of Status.

In addition, please note that we have changed the address on the form to my home address so this is avoided in the future.

Thank you for your assistance. If necessary, I can be reached at (954) 224-3535 (cell) or (561) 488-7373 (home).



Robert DiStefano
VP, Secretary for the Foundation