

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90099 038 ****61.25

DOCUMENT # N00000006374

1. Entity Name

THE WJ PRIVATE FOUNDATION, INC.



Principal Place of Business

**4200 NE 31ST AVENUE
LIGHTHOUSE POINT FL 33064**

Mailing Address

**4200 NE 31ST AVENUE
LIGHTHOUSE POINT FL 33064**

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 **65-1083066**

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

**WUJACK, PAUL
4200 NE 31ST AVENUE
LIGHTHOUSE POINT FL 33064**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---------------------------------|
| TITLE NAME | D WUJACK, PAUL | <input type="checkbox"/> Delete |
| STREET ADDRESS | C/O HENRY J. WUJACK 4200 NE 31ST AVE. | |
| CITY-ST-ZIP | LIGHTHOUSE POINT FL 33064 | |
| TITLE NAME | D WUJACK, DANIEL P | <input type="checkbox"/> Delete |
| STREET ADDRESS | 640 BOGOTALN SOUTH | |
| CITY-ST-ZIP | FORKED RIVER NJ 08731 | |
| TITLE NAME | D WUJACK, JOHN L | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1767 HEMITAGE BLVD # 8202 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| 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: **PAUL WUJACK**

JAN 14, 2003 054-043-8026

CR2E037 (10/02)