

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 22, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000006935****1. Entity Name****BARDIE C. WOLFE, JR. FOUNDATION, INC.****Principal Place of Business**

19436 EAST LAKE DRIVE

MIAMI  
33015

FL

**Mailing Address**

19436 EAST LAKE DRIVE

MIAMI  
33015

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-1048546**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****BESKIN JAY R**  
2411 HOLLYWOOD BOULEVARD**HOLLYWOOD FL**  
33020**7. Name and Address of New Registered Agent****Name**  
**BESKIN JAY R****Street Address (P.O. Box Number is Not Acceptable)**  
8220 STATE RD 84**SUITE 302****City FL Zip Code**  
DAVIE 33324**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** **01/22/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>WOLFE JOSEPH E</b>
<b>STREET ADDRESS</b>	470 PARK AVENUE
<b>CITY-ST-ZIP</b>	NORTON VA 24273
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>WOLFE NANCY Y</b>
<b>STREET ADDRESS</b>	87 RIVERCLIFF DRIVE
<b>CITY-ST-ZIP</b>	MILFORD CT 064604908
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>HALLS TERE</b>
<b>STREET ADDRESS</b>	19436 EAST LAKE DRIVE
<b>CITY-ST-ZIP</b>	MIAMI FL 33015
<b>TITLE</b>	<b>SD</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>MCCUE JAMES</b>
<b>STREET ADDRESS</b>	36 WALGROVE AVENUE
<b>CITY-ST-ZIP</b>	DOBBS FERRY NY 10522
<b>TITLE</b>	<b>TD</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>BRICKMAN ELIZABETH</b>
<b>STREET ADDRESS</b>	16969 NW 67TH AVENUE #101
<b>CITY-ST-ZIP</b>	MIAMI FL 33015
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>SMITH STEVEN R</b>
<b>STREET ADDRESS</b>	225 CEDAR STREET
<b>CITY-ST-ZIP</b>	SAN DIEGO CA 921013046

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>VTD HALLS TERE</b>
<b>STREET ADDRESS</b>	19436 EAST LAKE DRIVE
<b>CITY-ST-ZIP</b>	MIAMI FL 33015
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>D NEAL PEYTON RJR</b>
<b>STREET ADDRESS</b>	P.O.BOX 11515
<b>CITY-ST-ZIP</b>	WASHINGTON DC 20008
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE: PEYTON R NEAL JR****D****01/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)