

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006935

FILED  
Apr 24, 2003  
Secretary of State

Entity Name: BARDIE C. WOLFE, JR. FOUNDATION, INC.

## Current Principal Place of Business:

19436 EAST LAKE DRIVE  
MIAMI, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 171010  
HIALEAH, FL 33017

## New Mailing Address:

FEI Number: 65-1048546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BESKIN, JAY R  
8220 STATE RD 84  
SUITE 302  
DAVIE, FL 33324

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SMITH, STEVEN R  
Address: 225 CEDAR STREET  
City-St-Zip: SAN DIEGO, CA 921013046

Title: D ( ) Delete  
Name: NEAL, PEYTON R JR  
Address: P.O.BOX 11515  
City-St-Zip: WASHINGTON, DC 20008 US

Title: SD ( ) Delete  
Name: MCCUE, JAMES  
Address: 36 WALGROVE AVENUE  
City-St-Zip: DOBBS FERRY, NY 10522

Title: VTD (X) Delete  
Name: HALLS, TERE  
Address: P.O.BOX 171010  
City-St-Zip: HIALEAH, FL 33017

Title: D ( ) Delete  
Name: WOLFE, NANCY Y  
Address: 87 RIVERCLIFF DRIVE  
City-St-Zip: MILFORD, CT 064604908

Title: D ( ) Delete  
Name: WOLFE, JOSEPH E  
Address: 470 PARK AVENUE  
City-St-Zip: NORTON, VA 24273

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MCCUE

SD

04/24/2003

Electronic Signature of Signing Officer or Director

Date