

**DOCUMENT # N00657**  
 1. Entity Name  
**THE ISIDORE AND PATRICIA WOLLOWICK FAMILY FOUNDA**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90011 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
 1351 SW 141 AVE      1351 SW 141 AVE  
 APT 301      APT 301  
 PEMBROKE PINES FL 33027      PEMBROKE PINES FL 33027  
 US      US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-2371537**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WOLLOWICK, PATRICIA**  
**1351 SW 141 AVE APT 301**  
**PEMBROKE PINES FL 33027**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**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      **STD**       Delete  
 NAME      **WOLLOWICK, PATRICIA**  
 STREET ADDRESS      **1351 SW 141 AVE APT 301**  
 CITY-ST-ZIP      **PEMBROKE PINES FL**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      **D**       Delete  
 NAME      **WOLLOWICK, JANET AMY**  
 STREET ADDRESS      **1351 SW 141 AVE APT 301**  
 CITY-ST-ZIP      **PEMBROKE PINES FL**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      **D**       Delete  
 NAME      **LOWE, SANDRA LOIS**  
 STREET ADDRESS      **1351 SW 141 AVE APT 301**  
 CITY-ST-ZIP      **PEMBROKE PINES FL**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete

TITLE       Change       Addition

TITLE       Delete

TITLE       Change       Addition

TITLE       Delete

TITLE       Change       Addition

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: *Patricia Wollowick*      **PATRICIA WOLLOWICK**      1-06-01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)