

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90062 031 ****61.25

DOCUMENT # N00657

1. Entity Name

THE ISIDORE AND PATRICIA WOLLOWICK FAMILY FOUNDATION, INC.



Principal Place of Business

1351 SW 141 AVE
APT 301
PEMBROKE PINES FL 33027
US

Mailing Address

1351 SW 141 AVE
APT 301
PEMBROKE PINES FL 33027
US

2. Principal Place of Business

7611 SOUTHAMPTON TERR
Suite, Apt. #, etc.
A 116
City & State
TAMARAC FL.
Zip
33321
Country
USA

3. Mailing Address

7611 SOUTHAMPTON TERR
Suite, Apt. #, etc.
A 116
City & State
TAMARAC FL
Zip
33321
Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2371537**

Applied For
Not Applicable

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. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WOLLOWICK, PATRICIA 1351 SW 141 AVE APT 301 PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLLOWICK, JANET AMY 1351 SW 141 AVE APT 301 PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, SANDRA LOIS 1351 SW 141 AVE APT 301 PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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**

2-4-03 954-720-6064

CR2E037 (10/02)