

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23439

1. Entity Name

WILSON BODE FOUNDATION, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90149 038 ****61.25

Principal Place of Business

5821 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

Mailing Address

5821 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

~~MARSHALL, MONA~~ *Nicola Bartley*
5821 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Nicola Bartley

Street Address (P.O. Box Number is Not Acceptable)

5821 Hollywood Blvd.

City

Hollywood, FL

FL

Zip Code

33021

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

Nicola Bartley (NICOLA BARTLEY) - Bookkeeper 7/24/00

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

After September 13, 2000 min. will be \$236.25

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

TITLE **D** ☐ Delete
NAME **KELLER, MD, ROBERT H**
STREET ADDRESS **501 RANCH ROAD**
CITY-ST-ZIP **FT. LAUDERDALE FL 33326**

TITLE **D** ☐ Delete
NAME **PATRICK, PHD, CATHERINE W**
STREET ADDRESS **501 RANCH ROAD**
CITY-ST-ZIP **FT. LAUDERDALE FL 33326**

TITLE **D** ☐ Delete
NAME **PATRICK, LESLIE C**
STREET ADDRESS **290 FAIRWAY CIR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33326**

TITLE **D** ☒ Delete
NAME **GOTTMANN, MD, ARTHUR**
STREET ADDRESS **3131 E ALAMEDA #1301**
CITY-ST-ZIP **DENVER CO 80209**

TITLE **D** ☐ Delete
NAME **KIRCHENBAUM, DAVID W**
STREET ADDRESS **3272 HUNTINGTON**
CITY-ST-ZIP **WESTON FL 33332**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Nicola Bartley
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-11-00