

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N23439**

1. Entity Name

**WILSON BODE FOUNDATION, INC.**

Principal Place of Business

5821 HOLLYWOOD BLVD  
 HOLLYWOOD FL 33021

Mailing Address

5821 HOLLYWOOD BLVD  
 HOLLYWOOD FL 33021

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

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* 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KELLER, MD, ROBERT H</b>	
STREET ADDRESS	<b>501 RANCH ROAD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33326</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PATRICK, PHD, CATHERINE W</b>	
STREET ADDRESS	<b>501 RANCH ROAD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33326</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PATRICK, LESLIE C</b>	
STREET ADDRESS	<b>290 FAIRWAY CIR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33326</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOTTMANN, MD, ARTHUR</b>	
STREET ADDRESS	<b>3131 E ALAMEDA #1301</b>	
CITY-ST-ZIP	<b>DENVER CO 80209</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIRCHENBAUM, DAVID W</b>	
STREET ADDRESS	<b>3272 HUNTINGTON</b>	
CITY-ST-ZIP	<b>WESTON FL 33332</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

08-02-2000