

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90181 006 \*\*\*\*61.25

**DOCUMENT # N94000002498**

1. Entity Name

**JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION, INC**

Principal Place of Business

Mailing Address

3435 JOHNSON ST  
 HOLLYWOOD FL 33021  
 US

3435 JOHNSON ST  
 HOLLYWOOD FL 33021-5420  
 US

00025495



DO NOT WRITE IN THIS SPACE

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

65-0492343

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIPOS, DORIS K**  
**3435 JOHNSON ST**  
**HOLLYWOOD FL 33021**

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

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VCD**  Delete  
 NAME **BRIZEL, HERBERT E MD**  
 STREET ADDRESS **3501 JOHNSON ST**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CD**  Delete  
 NAME **LIVINGSTON, PETER A MD**  
 STREET ADDRESS **3501 JOHNSON ST.**  
 CITY-ST-ZIP **HOLLYWOOD FL 33032**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **SCHUSTER, CARL E**  
 STREET ADDRESS **200 E BROWARD BLVD**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MD**  Delete  
 NAME **SIPOS, DORIS K**  
 STREET ADDRESS **3700 JOHNSON ST.**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **3435 JOHNSON STREET**  
 CITY-ST-ZIP

TITLE **VCD**  Delete  
 NAME **MASI, WENDY P**  
 STREET ADDRESS **2401 LAGUNA DR.**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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 my address, with all other like empowered.

SIGNATURE:

*Peter A. Livingston*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PETER A. LIVINGSTON, MD.** 1/12/00 984  
**CHAIRMAN** 985 3454

Date

Daytime Phone #

CR2E037 (9/99)