

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90137 001 ****61.25
 03-09-2000 90137 002 *****8.75

DOCUMENT # N94000003276

1. Entity Name

PEDIATRIC HEART FOUNDATION, INC.

Principal Place of Business

Mailing Address

6951 BEACON HOLLOW TURN
 BOYNTON BCH FL 33437
 US

P.O. BOX 540354
 LAKE WORTH FL 33454-0354
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0500626

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

7. Name and Address of New Registered Agent

BERNAT, LAURIE
6951 BEACON HOLLOW TURN
BOYNTON BCH FL 33437

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 **PD** ☐ Delete
 NAME **BARRET, JODI**
 STREET ADDRESS **7601 LADSON TERR**
 CITY-ST-ZIP **BOYNTON BCH FL 33467**

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

TITLE **SD** ☒ Delete
 NAME **WIEDERHOLD, JOHN**
 STREET ADDRESS **222 BRACKWOOD TERR**
 CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

TITLE **SD** ☒ Change ☒ Addition
 NAME **Barbara Burkhardt**
 STREET ADDRESS **2841 NW Banyan Blvd C.**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **M** ☐ Delete
 NAME **BERNAT, LAURIE**
 STREET ADDRESS **6951 BEACON HOLLOW TURN**
 CITY-ST-ZIP **BOYNTON BCH FL 33437**

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

TITLE **TD** ☐ Delete
 NAME **BERNAT, JOHN**
 STREET ADDRESS **6951 BEACON HOLLOW TURN**
 CITY-ST-ZIP **BOYNTON BCH FL 33437**

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

TITLE **D** ☒ Delete
 NAME **FRIEDMAN, ART**
 STREET ADDRESS **9072 PILOT CT**
 CITY-ST-ZIP **BOYNTON BCH FL 33437**

TITLE **Robert Jaguiss MD** ☐ Change ☒ Addition
 NAME **5600 Woodland**
 STREET ADDRESS **Pt. Lauderdale, FL 33312**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BAYRON, HARRY M.D.**
 STREET ADDRESS **7349 PIONEER RD**
 CITY-ST-ZIP **W. PALM BCH FL 33413**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

561-738-4554

Date

Daytime Phone #

CR2E037 (9/99)