

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003276

1. Entity Name

PEDIATRIC HEART FOUNDATION, INC.

Principal Place of Business

6951 BEACON HOLLOW TURN  
BOYNTON BCH FL 33437  
US

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

65-0500626

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

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 D ☐ Delete  
NAME BURKHART, BARBARA  
STREET ADDRESS 2841 NW BANYAN BLVD C.  
CITY-ST-ZIP BOCA RATON FL 33431

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

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 VPD ☐ Delete  
NAME WAGNER, DARIA  
STREET ADDRESS 15755 LINDBERGH LANE  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Laurie Bernat **SIGNATURE REQUIRED** Bernat, Executive Director 3/13/02 561-738-4554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE