

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90064 001 ****61.25

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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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BERNAT, LAURIE
6951 BEACON HOLLOW TURN
BOYNTON BCH FL 33437**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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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
Laurie Bernat

9-1-03

561-738-4554

CR2E037 (4/03)