

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 94000004160** ✓  
 1. Entity Name  
**WOLVERINE DEBATE PARENTS ASSOCIATION, INC.** ✓

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90029 005 \*\*\*\*61.25

Principal Place of Business Mailing Address  
**1433 Sailboat Circle 1433 Sailboat Circle**  
**Wellington, FL Wellington, FL**  
**33414 33414**

2. Principal Place of Business 3. Mailing Address  
**2101 Greenview Shores Blvd. 1433 Sailboat Circle**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
**Wellington, FL Wellington, FL**  
 Zip Country Zip Country  
**33414 USA 33414 USA**

4. FEI Number **65-0518706** ✓ Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**EILLEN DEMPSEY**  
**1433 SAILBOAT CIRCLE**  
**WELLINGTON, FL**  
**33414**

## 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.

SIGNATURE **Eileen Dempsey** DATE **4-24-00**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input checked="" type="checkbox"/> Delete
				<input checked="" type="checkbox"/> Delete
				<input checked="" type="checkbox"/> Delete
				<input checked="" type="checkbox"/> Delete
				<input checked="" type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D/P	<b>Eileen Dempsey</b>	<b>1433 Sailboat Circle</b>	<b>Wellington, FL 33414</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D/T	<b>Ellen Unger</b>	<b>2490 Sandstone Ct.</b>	<b>Wellington, FL 33414</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D/V	<b>Ellen Halperin</b>	<b>14444 Halter Rd.</b>	<b>Wellington, FL 33414</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D/S	<b>LINDA MANDELL</b>	<b>15310 Meadowood Dr.</b>	<b>WELLINGTON, FL 33414</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D/V	<b>Sharon Martinelli</b>	<b>1866 Staimford Circle</b>	<b>Wellington, FL 33414</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

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: **Eileen Dempsey** (561) **4-24-00 793-4393**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)