

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91453 029 \*\*\*\*61.25

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

DOCUMENT # N94000005818

1. Entity Name  
BETTER WAY FOUNDATION, INC.



90127821

Principal Place of Business  
101 SOUTH PHILLIPS #102  
% ADLER MANAGEMENT LLC  
SIOUX FALLS, SD 57104-6719 US

Mailing Address  
101 SOUTH PHILLIPS #102  
% ADLER MANAGEMENT LLC  
SIOUX FALLS, SD 57104-6719 US

2. Principal Place of Business  
401 E. 8th Street  
Suite, Apt. #, etc.  
Suite 222

3. Mailing Address  
401 E. 8th Street  
Suite, Apt. #, etc.  
Suite 222

City & State  
Sioux Falls, SD

City & State  
Sioux Falls, SD

Zip  
57103

Country  
USA

Zip  
57103

Country  
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
41-1795984

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, ROXANNE W  
401 E JACKSON ST  
TAMPA, FL 33601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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's signature required when reinstating)

DATE

FILE NOW FEE IS \$81.25

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  
NAME MAHONEY, J R  
STREET ADDRESS 21 CIRCLE WEST  
CITY-ST-ZIP EDINA, MN 56436 ☐ Delete

TITLE VPTD  
NAME GOLDMAN, A R  
STREET ADDRESS 4702 YUMA STREET  
CITY-ST-ZIP WASHINGTON, DC 20016 ☐ Delete

TITLE D  
NAME HARRIS, JOHN E  
STREET ADDRESS 90 S 7TH ST #2200  
CITY-ST-ZIP MINNEAPOLIS, MN 55402 ☐ Delete

TITLE VP  
NAME BEDNAROWSKI, KEITH  
STREET ADDRESS 10350 BREN ROAD WEST  
CITY-ST-ZIP MINNETONKA, MN 56343 ☐ Delete

TITLE VPS  
NAME CAMPA, LUZ  
STREET ADDRESS 10350 BREN ROAD WEST  
CITY-ST-ZIP MINNETONKA, MN 55343 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Luz Campa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luz Campa

4/29/03

(952) 656-4800

Date

Daytime Phone

CR12E037 (10/02)