

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000005880**

1. Entity Name

**THE EAR FOUNDATION OF FLORIDA, INC.****FILED****Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90017 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

900 NW 13TH ST  
SUITE 206  
BOCA RATON FL 33486  
US900 NW 13TH ST  
SUITE 206  
BOCA RATON FL 33486-2350  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**23-7144993**

Applied For

Not Applied For

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

Name

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

City

**FL**

Zip Code

**WIDICK, MARK**  
**900 NW 13TH ST**  
**SUITE 206**  
**BOCA RATON FL 33486**

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

TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**WIDICK, MARK**  
**900 NW 13TH ST., SUITE 206**  
**BOCA RATON FL**TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD**  
**REISS, GERALD**  
**4700 SHERIDAN STREET BLDG. N**  
**HOLLYWOOD FL**TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**FIGUARDO, KELLY**  
**900 NW 13TH ST**  
**BOCA RATON FL**TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/00

561-338-3267