

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90092 002 \*\*\*\*61.25

**DOCUMENT # N95000003254**

1. Entity Name

**NEW PINES FOUNDATION INCORPORATED**

Principal Place of Business

Mailing Address

**300 NEWCASTLE STREET  
 BOCA RATON FL 33487  
 US**

**300 NEWCASTLE STREET  
 BOCA RATON FL 33487  
 US**

**816700**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0599198**

Applied For

Not Applicable

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

**DIXON, OTHIER COY  
 BOCA RATON POLICE DEPT  
 100 NW BOCA RATON BLVD  
 BOCA RATON FL 33432**

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 **SD** ☐ Delete  
 NAME **SANDERSON, TERRY L**  
 STREET ADDRESS **100 N.W. BOCA RATON BLVD**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **TD** ☐ Delete  
 NAME **DUNAY, MARY C**  
 STREET ADDRESS **1603 FO4RM PLACE, SUITE 904**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **TD** ☐ Delete  
 NAME **PARKS, BUDDY**  
 STREET ADDRESS **150 NW CRAWFORD BLVD**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **D** ☐ Delete  
 NAME **KLEIN, DR. ROBERT I**  
 STREET ADDRESS **5601 N FEDERAL HIGHWAY SUITE #2**  
 CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE **TD** ☐ Delete  
 NAME **CAPELLER, WILLIAM**  
 STREET ADDRESS **120 E PALMETTO PARK ROAD**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **D** ☐ Delete  
 NAME **KNIBBS, ANDREA**  
 STREET ADDRESS **600 FAIRWAY DRIVE, SUITE 109**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☒ Change ☐ Addition  
 NAME **Doy Dixon**  
 STREET ADDRESS **13412 SW 55th Ave**  
 CITY-ST-ZIP **Boca Raton FL 33433**

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:

*William T. Capeller* 1/16/02 581-416-4646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)