

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90193 036 ***61.25

DOCUMENT # N95000003254

1. Entity Name

NEW PINES FOUNDATION INCORPORATED



Principal Place of Business

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

Mailing Address

**300 NEWCASTLE STREET
BOCA RATON FL 33487
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 **65-0599198**

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

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. 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

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

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 ~~VP~~ ☒ Delete
NAME ~~DUNAY, MARY C~~
STREET ADDRESS ~~1603 FO4PM PLACE, SUITE 804~~
CITY-ST-ZIP ~~WEST PALM BEACH FL 33401~~

TITLE **PD** ☐ Change ☒ Addition
NAME **William Morris**
STREET ADDRESS **150 E. Palmetto Park Rd**
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DIXON, COY**
STREET ADDRESS **23912 SW 55TH AVENUE**
CITY-ST-ZIP **BOCA RATON FL 33433**

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 **Wm. T. Cappler** 4/28/03 561-416-4840

CR2E037 (10/02)