

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005839

1. Entity Name

THE ROBERT A. DOWLING FOUNDATION, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90049 016 ****61.25

Principal Place of Business

Mailing Address

C/O RAYMOND & RAYMOND, P.A.
1200 N. FEDERAL HIGHWAY #411
BOCA RATON FL 33432

C/O RAYMOND & RAYMOND, P.A.
1200 N. FEDERAL HIGHWAY #411
BOCA RATON FL 33432

C0048485



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Mailing Address

1200 N. Federal Hwy.

1200 N. Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 420

Suite 420

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Zip

33432

33432

Palm Beach

Palm Beach

4. FEI Number

65-0641756

Applied For

Not Applicable

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

FORBES, PHILIP H
1200 N. FEDERAL HIGHWAY #411-420
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 PD
NAME DOWLING, ROBERT A
STREET ADDRESS 3001 COUNTRY CLUB BLVD. APT. 511
CITY-ST-ZIP DEERFIELD BEACH FL 33442

☐ Change ☐ Addition

TITLE D
NAME THOMAS, WAYNE S
STREET ADDRESS PATELCO, BOX 240
CITY-ST-ZIP ROTTERDAM JCT. NY 12150-0249

☐ Change ☐ Addition

TITLE STD
NAME RAYMOND, JOHN J JR
STREET ADDRESS 1200 N. FEDERAL HWY. #411-420
CITY-ST-ZIP BOCA RATON FL 33432

☐ Change ☐ Addition

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

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 #

✓ 4-12-01 1-954-570-5506

CR2E037 (10/00)