

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90132 033 ****61.25

DOCUMENT # N97000003302

1. Entity Name

THE DOROTHY S. ERISMANN FOUNDATION, INC.

Principal Place of Business

**340 ROYAL PALM WAY
 100
 PALM BEACH FL 33480**

Mailing Address

**2345 89TH AVE
 VERO BEACH FL 32966**

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 **65-0781305**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FINNERTY, THOMAS J
 2345 89TH AVENUE
 VERO BEACH FL 32966**

7. Name and Address of New Registered Agent

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
 After September 12, 2001, min. will be \$236.25**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPV
 PILOTTE, FRANK T
 340 ROYAL PALM WAY, SUITE 100
 PALM BEACH FL 33480** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MULLIGAN, DOLORES
 561 SW SPRING HILL POINT
 PORT SAINT LUCIE FL 34986-3411** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DST
 FINNERTY, THOMAS J
 2345 89TH AVENUE
 VERO BEACH FL 32966** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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
**D
 OTTESEN, JAMES R
 573 SW SPRINGHILL PT
 ST. LUCIE WEST, FL 34986** ☐ 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

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: *Thomas J. Finnerty* **Director** **7/6/01** **561-569-0933**

CR2E037 (5/01)