

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000005397**

1. Entity Name

WORLD HEALTH EMERGENCY MEDICAL FUND, INC.

FILED
Apr 27, 2000 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

8895 N MILITARY TRAIL
#306E
PALM BEACH GARDENS
33410

FL

8895 N MILITARY TRAIL
#306E
PALM BEACH GARDENS
33410

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0784066

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

SABATELLO MICHAEL JESQ
777 S. FLAGLER DR., SUITE 300E

W. PALM BEACH **FL**
33401 **US**

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.)

04/27/2000

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 ☐ Delete
NAME **D LANKFORD TOM**
STREET ADDRESS **1420 NY AVE. NW #1050**
CITY-ST-ZIP **WASHINGTON DC 20005**

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

TITLE ☐ Delete
NAME **D ISRAEL MYLES L**
STREET ADDRESS **314 MAIN STREET**
CITY-ST-ZIP **TILTON NH 03276**

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

TITLE ☐ Delete
NAME **D HANG PETER NDR**
STREET ADDRESS **23553 KIVIK STREET**
CITY-ST-ZIP **WOODLAND HILLS CA 91367**

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

TITLE ☐ Delete
NAME **D GOOD LARRY**
STREET ADDRESS **999 FRANKLIN AVE.**
CITY-ST-ZIP **GARDEN CITY NY 11530**

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

TITLE ☐ Delete
NAME **D FISH MARY A**
STREET ADDRESS **3297C SUTTON PL., NW**
CITY-ST-ZIP **WASHINGTON DC 20016**

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

TITLE ☐ Delete
NAME **D AXENFELD GARY**
STREET ADDRESS **515 N. FLAGLER DR., STE. 900**
CITY-ST-ZIP **W. PALM BEACH FL 33401**

TITLE ☒ Change ☐ Addition
NAME **D AXENFELD GARY**
STREET ADDRESS **8895 N. MILITARY TRAIL, SUITE 306E**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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.