

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006623

1. Entity Name

THE FRANK M. WOLFE FOUNDATION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90079 033 ****61.25

Principal Place of Business Mailing Address
505 N. ORLANDO AVENUE 505 N. ORLANDO AVENUE
3RD FLOOR 3RD FLOOR
COCOA BEACH FL 32931 COCOA BEACH FL 32931-3169

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 59-3482977 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

WOLFE, FRANK M
505 N. ORLANDO AVENUE
3RD FLOOR
COCOA BEACH FL 32931

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	WOLFE, FRANK M	P.O. BOX #410883 N/A	MELBOURNE FL 32941-0883				
D	LEBLANC, JENNIFER L	P.O. BOX #410883 N/A	MELBOURNE FL 32941-0883				
D	MEDINA, MARIA L	P.O. BOX #321299 N/A	COCOA BEACH FL 32932-1299				
D	BAUGHER, ROBERT A	2090 N. TROPICAL TRAIL	MERRITT ISLAND FL 32953				
D	STRICKLAND, JAMES A	1430 HOLIDAY BLVD.	MERRITT ISLAND FL 32952				

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 2/9/00 (407) 783-2834

CR2E037 (9/99)