

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003686

1. Entity Name

**THE DR. PETER A. WISH AND LESLIEBETH BERGER WISH
FOUNDATION, Inc.**

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90017 048 ****61.25

Principal Place of Business

Mailing Address

**3626 FAIR OAKS PLACE
LONGBOAT KEY FL 34228**

**3626 FAIR OAKS PLACE
LONGBOAT KEY FL 34228-4151**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0845132

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

**WISH, PETER A
3626 FAIR OAKS PLACE
LONGBOAT KEY FL 34228**

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 Delete
NAME **PSTD**
STREET ADDRESS **WISH, PETER A**
CITY-ST-ZIP **3626 FAIR OAKS PLACE**
LONGBOAT KEY FL 34228

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD**
STREET ADDRESS **WISH, LESLIEBETH B**
CITY-ST-ZIP **3626 FAIR OAKS PLACE**
LONGBOAT KEY FL 34228

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **WISH, BARRY N**
CITY-ST-ZIP **115 VIA LA SELVA**
PALM BEACH FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 information.

SIGNATURE: Peter A. Wish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 941-387-8686
Date Daytime Phone #

CR2E037 (9/99)