

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90091 036 ****70.00

DOCUMENT # N98000005651

1. Entity Name

THE WRITE NOTE FOUNDATION, INC.



Principal Place of Business

**419 'B' CLEMATIS STREET
WEST PALM BEACH FL 33401
US**

Mailing Address

**P O BOX 4685
WEST PALM BEACH FL 33402-4685
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0866930**

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

**WICKS, W JAMES
1011 WOODFIELD CIRCLE
PALM BEACH GARDENS FL 33418**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

EXEC. DIRECTOR / PROG. SUPERVISOR
2.10.03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	KLUGE, CHARLES I DR.	
STREET ADDRESS	3951 HAVERHILL RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOBBS, WILLIAM T	
STREET ADDRESS	2724 AUSTRALIAN AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	WICKS, MARIE S	
STREET ADDRESS	1011 WOODFIELD CIRCLE	
CITY-ST-ZIP	PALM BEACH GRDNS FL 33418	
TITLE	EDPD	<input type="checkbox"/> Delete
NAME	WICKS, W. JAMES	
STREET ADDRESS	1011 WOODFIELD CIRCLE	
CITY-ST-ZIP	PALM BEACH GRDNS FL 33418	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DOBBS-EDIE, HELENA	
STREET ADDRESS	133 ROSEWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

2.10.03 (561) 832-5007

CR2E037 (10/02)