

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006249

1. Entity Name

THE SPARROW'S SONG FOUNDATION, INC.

Principal Place of Business

Mailing Address

1010 SHADY LAKES CIRCLE  
PALM BEACH GARDENS FL 33418

1010 SHADY LAKES CIRCLE  
PALM BEACH GARDENS FL 33418

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

65-0872994

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

WOLMER, BRENT  
1010 SHADY LAKES 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.

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 D ☐ Delete  
NAME GINBURG, DAN  
STREET ADDRESS LE CHALET 51500 CHIGNY-LES-ROSES  
CITY-ST-ZIP FRANCE

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME GINBURG, DAN  
STREET ADDRESS 600 PETRIFIED FOREST ROAD  
CITY-ST-ZIP CALISTOGA, CA 94515

TITLE D ☐ Delete  
NAME OHMIT, TERESA  
STREET ADDRESS LE CHALET 51500 CHIGNY-LES-ROSES  
CITY-ST-ZIP FRANCE

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME OHMIT, TERESA  
STREET ADDRESS 600 PETRIFIED FOREST ROAD  
CITY-ST-ZIP CALISTOGA, CA 94515

TITLE D ☐ Delete  
NAME WOLMER, BRENT  
STREET ADDRESS 1010 SHADY LAKES CIRCLE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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  
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CITY-ST-ZIP

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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 empowered.

SIGNATURE:

*Brent Wolmer*  
SIGNATURE OF BRENT WOLMER

1/8/2002

561/844-3600

CR2E037 (9/01)