

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90028 043 \*\*\*\*61.25

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**DOCUMENT # N99000002226**

1. Entity Name

**IBIS ADVISORY BOARD, INC.**

Principal Place of Business

Mailing Address

9055 IBIS BLVD.  
C/O IBIS POA  
WEST PALM BEACH FL 33412

9055 IBIS BLVD.  
C/O IBIS POA  
WEST PALM BEACH FL 33412

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 **65-8990619**  
**APPLIED FOR**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**BODDIE, JOHN**  
**10314 OSPREY TRACE**  
**WEST PALM BEACH FL 33412**

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 **P** ☐ Delete  
NAME **KATZ, SYDNEY**  
STREET ADDRESS **10769 WATERFORD PLACE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

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

TITLE **SD** ☒ Delete  
NAME **BOWLES, THOMAS**  
STREET ADDRESS **7551 BLUE HERON WAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **D** ☒ Change ☐ Addition  
NAME **Bowles, THOMAS**  
STREET ADDRESS **7551 Blue Heron Way**  
CITY-ST-ZIP **West Palm Beach, FL 33412**

TITLE **TD** ☐ Delete  
NAME **BODDIE, JOHN**  
STREET ADDRESS **10314 OSPREY TRACE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

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

TITLE **D** ☒ Delete  
NAME **QUEREIOLA, SHARON**  
STREET ADDRESS **8166 QUAIL MEADOW WAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **VP** ☒ Change ☐ Addition  
NAME **SHARON Querciol**  
STREET ADDRESS **8166 Quail Meadow Way**  
CITY-ST-ZIP **West Palm Beach, FL 33412**

TITLE **D** ☒ Delete  
NAME **COHNSTEIN, LEONARD**  
STREET ADDRESS **6650 AUDUBON TRACE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Frederick, Robert**  
STREET ADDRESS **9064 LAKES Blvd**  
CITY-ST-ZIP **West Palm Beach, FL 33412**

TITLE **VD** ☒ Delete  
NAME **FRANK, TED**  
STREET ADDRESS **8964 LAKES BLVD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **D** ☒ Change ☐ Addition  
NAME **FRANK, Ted**  
STREET ADDRESS **8964 LAKES Blvd**  
CITY-ST-ZIP **West Palm Beach, FL 33412**

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: **John Boddie, Treasurer** **4-5-01** **561** **625-6593**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)