

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004458

1. Entity Name

DOROTHY PORTER WESLEY RESEARCH CENTER, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90041 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PMB-123 2400 EAST LAS OLAS BLVD.  
 FORT LAUDERDALE FL 33301-1529

PMB-123 2400 EAST LAS OLAS BLVD.  
 FORT LAUDERDALE FL 33301-1529

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

650936845

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

UZELAC, CONI PORTER  
 PMB-123 2400 EAST LAS OLAS BLVD.  
 FORT LAUDERDALE FL 33301-1529

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 PD ☐ Delete  
 NAME UZELAC, CONI PORTER  
 STREET ADDRESS PMB-123 2400 EAST LAS OLAS BLVD.  
 CITY-ST-ZIP FORT LAUDERDALE FL 33301-1529

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

TITLE SD ☐ Delete  
 NAME ROBINSON, FLETCHER MD  
 STREET ADDRESS P.O. BOX 11366  
 CITY-ST-ZIP ST. THOMAS VI 00801

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

TITLE VD ☒ Delete  
 NAME BALSAMO, RICHARD ESQ.  
 STREET ADDRESS 801 SEABREEZE BLVD. D433  
 CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Change ☒ Addition  
 NAME Kempff, Dawn  
 STREET ADDRESS 1511 E. Commercial Ste 88  
 CITY-ST-ZIP FT. Lauderdale FL 33334

TITLE TD ☐ Delete  
 NAME GOINS, JOHN ESQ.  
 STREET ADDRESS 700 BUCHANAN STREET N.W.  
 CITY-ST-ZIP WASHINGTON DC 20017

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME Maguire, Kelly  
 STREET ADDRESS 2900 Banyan St #102  
 CITY-ST-ZIP FT. Lauderdale FL 33301

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 empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 May 00

Day

954 4637880

Daytime Phone #

CR2E037 (9/99)