

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90081 021 ****61.25

DOCUMENT # N99000004458

1. Entity Name

DOROTHY PORTER WESLEY RESEARCH CENTER, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0936845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **KEMPF, DAWN**
 CITY-ST-ZIP **1511 E COMMERCIAL STE 88
 FORT LAUDERDALE FL 33334**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MAGUINE, KELLY**
 CITY-ST-ZIP **2900 BANYAN ST 102
 FORT LAUDERDALE FL 33301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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

19 Feb 02

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CR2E037 (9/01)