

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90317 016 \*\*\*\*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**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**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**

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

**SIGNATURE**

*Coni Porter*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*16 January 2003*

**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** 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** KEMPFF, DAWN  
**STREET ADDRESS** 1511 E COMMERCIAL STE 88  
**CITY-ST-ZIP** FORT LAUDERDALE FL 33334

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

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

**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**

**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**

*16 January 2003*

CR2E037 (10/02)