

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90036 020 \*\*\*\*70.00

**DOCUMENT # N99000005196**

1. Entity Name

**WISH FRIENDS OF SOUTHERN FLORIDA, INC.**

Principal Place of Business

**2901 STIRLING RD. ~~STE 210~~  
 #200  
 FT. LAUDERDALE FL 33312**

Mailing Address

**2901 STIRLING RD. ~~STE 210~~  
 #200  
 FT. LAUDERDALE FL 33312**

**610131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**# 200**

Suite, Apt. #, etc.

**# 200**

City & State

City & State

4. FEI Number

**65-0960968**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STROM, NANCY**

**2901 STIRLING RD. ~~STE 210~~  
 #200  
 FT. LAUDERDALE FL 33312**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KINGSLEY, LOUISE</b>	
STREET ADDRESS	<b>8551 W SUNRISE BLVD # 203</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33322</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LAZZARO, MARK</b>	
STREET ADDRESS	<b>1175 FAIRFAX LANE</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, GARY</b>	
STREET ADDRESS	<b>7820 S.W. 170TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>D P</b>	<input type="checkbox"/> Delete
NAME	<b>DEMAR, STEVE</b>	
STREET ADDRESS	<b>14305 S.W. 74TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33188</b>	
TITLE	<b>D S/T</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEDLANDER, RANDY</b>	
STREET ADDRESS	<b>1412 S.W. 74TH AVE.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, PATRICK</b>	
STREET ADDRESS	<b>35 VENETIAN WAY, #E-11</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Christopher Gagic</b>	
STREET ADDRESS	<b>18185 181 Circle S</b>	
CITY-ST-ZIP	<b>Boca Raton FL 33150</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Norman Wedderburn</b>	
STREET ADDRESS	<b>20250 NE 34 Ct</b>	
CITY-ST-ZIP	<b>Aventura FL 33180</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gary Schultz</b>	
STREET ADDRESS	<b>1830 Sequoia Ln</b>	
CITY-ST-ZIP	<b>Portland FL 32007</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Nancy J Strom* **1/16/01 954 967 9474**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)