

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90008 020 \*\*\*\*61.25

DOCUMENT # **N99000006877**

1. Entity Name

**KOL DODI, INC. (A FLORIDA CORP. NOT FOR PROFIT)**

Principal Place of Business

**14570 MILITARY TRAIL  
 SUITE C1  
 DELRAY BEACH FL 33484**

Mailing Address

**KOL DODI INC.  
 C/O RON BAEHR  
 770 HORIZONS E. #310  
 BOYNTON BEACH FL 33435**

2. Principal Place of Business

**14570 MILITARY TRAIL  
 SUITE C1**

3. Mailing Address

**770 HORIZONS EAST  
 #310**

City & State

**DELRAY BEACH FL**

City & State

**BOYNTON BEACH FL**

4. FEI Number

**65-0975573**

Applied For

Not Applicable

Zip

**33484**

Country

**USA**

Zip

**33435**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RON BAEHR  
 770 HORIZONS EAST #310  
 BOYNTON BEACH FL 33435**

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 **Ron Baehr (V.P. TREASURER)** DATE **4-12-00**

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	<b>D/V</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ROBERT KLEMISH</b>
STREET ADDRESS	<b>7649 SPRINGFIELD LAKE DR</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>
TITLE	<b>DIP</b> <input type="checkbox"/> Delete
NAME	<b>KEN ALPREN</b>
STREET ADDRESS	<b>14570 MILITARY TRAIL SUITE C1</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>
TITLE	<b>D/S/T</b> <input type="checkbox"/> Delete
NAME	<b>RON BAEHR</b>
STREET ADDRESS	<b>770 HORIZONS EAST #310</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RON BAEHR</b>
STREET ADDRESS	<b>770 HORIZONS EAST #310</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>
TITLE	<b>D/S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PHYLLIS WELT</b>
STREET ADDRESS	<b>13412A VIA VESTA</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>
TITLE	<b>DIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEN ALPREN</b>
STREET ADDRESS	<b>14570 MILITARY TRAIL SUITE C1</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</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: **Ron Baehr**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-12-00** Daytime Phone # **561-737-2427**

CR2E037 (9/99)