

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39166

1. Entity Name

GUIDE DOG FOUNDATION FOR THE BLIND, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90215 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

371 EAST JERICHO TURNPIKE  
SMITHTOWN NY 11787

371 EAST JERICHO TURNPIKE  
SMITHTOWN NY 11787-2906

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

11-1687477

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

DILLMAN, CHARLES  
1459 MISSION DR. E.  
CLEARWATER FL 34619

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 LOPES, CELESTE V ESQ  
STREET ADDRESS 25 HELEN AVE  
CITY-ST-ZIP PLAINVIEW NY 11803

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

TITLE VPD ☐ Delete  
NAME SHYBUNKO, STEPHEN W  
STREET ADDRESS 7 FLAX POND WOODS  
CITY-ST-ZIP SETAUKET NY 11733

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

TITLE CD ☒ Delete  
NAME STRATFORD, ROBERT T.  
STREET ADDRESS EAB, ONE EAB PLAZA  
CITY-ST-ZIP UNIONDALE NY

TITLE ☐ Change ☒ Addition  
NAME Robert F. Brandt III  
STREET ADDRESS 3 Hollow Road  
CITY-ST-ZIP Stony Brook, NY 11790

TITLE VPD ☒ Delete  
NAME FANGMANN, STEVEN P  
STREET ADDRESS 20 CROSSWAYS PARK NORTH  
CITY-ST-ZIP WOODBURY NY

TITLE ☐ Change ☒ Addition  
NAME Darrell L. Reed  
STREET ADDRESS 455 Commack RD - AIL Systems  
CITY-ST-ZIP Deer Park, NY 11729

TITLE TD ☒ Delete  
NAME BLOOMRADEN, CHARLES L MD  
STREET ADDRESS 18 CROSBY PLACE  
CITY-ST-ZIP COLD SPRINGS HARBOR NY 11724

TITLE ☐ Change ☒ Addition  
NAME Treasurer  
NAME Joanna Markowski  
STREET ADDRESS 51 Second Street  
CITY-ST-ZIP West Sayville, NY 11796

TITLE VPD ☐ Delete  
NAME SELMER, AL  
STREET ADDRESS 125 EAST JERICHO TURNPIKE  
CITY-ST-ZIP HUNTINGTON STATION NY 11746

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:

*Robert F. Brandt III*

Robert F. Brandt III

Chairman

Date 4/12/2000

631-745-2241

CR2E037 (9/99)