

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39166

1. Entity Name

GUIDE DOG FOUNDATION FOR THE BLIND, INC.

FILED
May 17, 2001 8:00 am,
Secretary of State

05-17-2001 90387 037 ****70.00

Principal Place of Business

371 EAST JERICHO TURNPIKE
SMITHTOWN NY 11787

Mailing Address

371 EAST JERICHO TURNPIKE
SMITHTOWN NY 11787

000056414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-1687477

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOPES, CELESTE V ESQ 25 HELEN AVE PLAINVIEW NY 11803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHYBUNKO, STEPHEN W 7 FLAX POND WOODS SETAUKET NY 11733	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRENDT, ROBERT F III 3 HOLLOW RD STONY BROOK NY 11790	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REED, DARRELL L 455 COMMACK RD -AOL SYSTEMS DEER PARK NY 11729	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARKOWSKI, JOANN 51 SECOND ST WEST SAYVILLE NY 11796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SELMER, AL 125 EAST JERICHO TURNPIKE HUNTINGTON STATION NY 11746	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Hon William Rebolini PO Box 2721 Huntington Station, NY 11746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Brandt, Robert F III 3 Hollow Rd Stony Brook, NY 11791	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Planning Reed, Darrell L 60 E. 42nd St, 5010 - Edo Corp. New York, NY 10165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Training Vandewinckel, Heidi 7 Ardendale Road East Northport, NY 11731	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

Robert F Brandt 4/30/01 631-265-2121

CR2E037 (10/00)