

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723110

1. Entity Name

THE FORE-PLEX ASSOCIATION, INC.

FILED

Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90016 032 ****61.25

Principal Place of Business

Mailing Address

2295 LOWSON BLVD.
DELRAY BEACH FL 33445-6051

2295 LOWSON BLVD.
DELRAY BEACH FL 33445-6051
US

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

59-1803809

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

WARD, GARY T
2403A LOWSON BLVD
DELRAY BEACH FL 33445

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	P WARD, GARY T 2403A LOWSON BLVD DELRAY BEACH FL 33445	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOYLE, RICHARD 2415B LOWSON BLVD DELRAY BEACH FL 33445	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLLEY, JACK 2415D LOWSON BLVD DELRAY BEACH FL 33445	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JASHMAN, MYRA 2525 P LOWSON BLVD DELRAY BEACH FL 33445	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODDU, ARTHUR 2405B LOWSON BLVD DELRAY BEACH FL 33445	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLARD, DEBORAH 2415B LOWSON BLVD. DELRAY BEACH, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCIGNO, JENNIFER 2717A LOWSON BLVD. DELRAY BEACH, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBST, JANET 2413B LOWSON BLVD. DELRAY BEACH, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

GARY T. WARD

GARY T. WARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)