

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732111

1. Entity Name

WAYSIDE HOUSE, INC.

Principal Place of Business

378 NORTHEAST 6TH AVENUE
DELRAY BEACH FL 33483

Mailing Address

378 NORTHEAST 6TH AVENUE
DELRAY BEACH FL 33483-5517

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

NOT APPLICABLE

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

THISTLE, J. JEFFERY
30 SE 4TH AVE
DELRAY BEACH FL 33483

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 ONEAL, PERRY H.
STREET ADDRESS 588 BANYAN RD.
CITY-ST-ZIP GULF STREAM FL

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

TITLE VD ☐ Delete
NAME CALLAWAY, PHYLLIS
STREET ADDRESS 67 SPANISH RIVER DRIVE
CITY-ST-ZIP OCEAN RIDGE FL

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

TITLE SD ☐ Delete
NAME BOYLES, KATHERINE J.
STREET ADDRESS 302 GULFSTREAM DR.
CITY-ST-ZIP DELRAY BEACH, FL 0

TITLE SD ☒ Change ☐ Addition
NAME Burns, Diana
STREET ADDRESS 727 Lake Shore Drive
CITY-ST-ZIP Delray Beach, FL 33444

TITLE VD ☐ Delete
NAME OLTON, ELISE
STREET ADDRESS 750 SOUTH OCEAN BLVD
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☒ Change ☐ Addition
NAME Morse, W. Shellman
STREET ADDRESS 10 Saint Giles Road
CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE TD ☐ Delete
NAME BROWER, STEPHANIE
STREET ADDRESS 6100 N. OCEAN BLVD.
CITY-ST-ZIP OCEAN RIDGE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Carolyn Tardiff* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn Tardiff
Executive Director 1-07-00 561/278-0055

Date

Daytime Phone #

CR2E037 (9/99)