2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761719

1. Entity Name

BUSINESS DEVELOPMENT BOARD OF PALM BEACH COUNTY,

FILED
Feb 10, 2000 8:00 am
Secretary of State
02-10-2000 90054 028 ****61.25

Principal Place of Business	Mailing Address
222 LAKE VIEW AVE STE 1200 WEST PALM BEACH FL 33401 US	222 LAKE VIEW AVE STE 1200 WEST PALM BEACH FL 33401-6149 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number 59-2169828 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PELTON, LARRY L.
222 LAKEVIEW AVE
STE 1200
WEST PALM BEACH FL 33401

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	SD WOOLDRIDGE, SANDRA 222 LAKE VIEW AVE 1200 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EDWARD SABIN 4555 RIVERSIDE DR. PALM BEACH GARDENS, FL 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SCHUPP, RUDY 222 LAKE VIEW AVE 1200 W. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD STEVE SCHWACK P.O. BOX 8177 WEST PALM BEACH, FL 33407	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PELTON, LARRY L. 222 LAKEVIEW AVE 1200 W. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PHILLIP WARD 4420 BEACON CIR. WEST PALM BEACH, FL 33407	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KNEIP, ROBERT 222 LAKEVIEW AVE 1200 W. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD TOM LYNCH P.O. DRAWER 730 DELRAY BEACH, FL 33447	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD FOLAND, SANDRA 222 LAKEVIEW AVE 1200 W. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD O'CONNOR, ROBERT 222 LAKEVIEW AVE 1200 W. PALM BEACH FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 1/25/00 561/835-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #