

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-10-2001 90561 025 ****61.25

DOCUMENT # 763367
 1. Entity Name
UNITED CIVIC ORGANIZATION, INC. (LA)

Principal Place of Business: **82 STRATFORD F WEST PALM BEACH FL 33417 US**
 Mailing Address: **82 STRATFORD F WEST PALM BCH. FL 33417 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: **59-2221503** Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WEISS, KURT
402 GREENBRIER A
WEST PALM BEACH FL 33417

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: *[Signature]* **KURT WEISS** DATE: **7/5/01**
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
After September 12, 2001, min. will be \$236.25

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: S	BETTY LAPIDUS <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BETTY LAPIDUS		NAME: _____	
STREET ADDRESS: 251 BEDFORD J		STREET ADDRESS: _____	
CITY-ST-ZIP: WEST PALM BEACH FL		CITY-ST-ZIP: _____	
TITLE: T	COHEN, ANNE <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COHEN, ANNE		NAME: _____	
STREET ADDRESS: 114 WELLINGTON, #M		STREET ADDRESS: _____	
CITY-ST-ZIP: WEST PALM BEACH FL 33417		CITY-ST-ZIP: _____	
TITLE: P	WEISS, KURT <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEISS, KURT		NAME: _____	
STREET ADDRESS: 402 GREENBRIER, #A		STREET ADDRESS: _____	
CITY-ST-ZIP: WEST PALM BEACH FL		CITY-ST-ZIP: _____	
TITLE: VD	HOWARD, KAYE <input checked="" type="checkbox"/> Delete	TITLE: VP	DAVID BERNSTEIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOWARD, KAYE		NAME: DAVID BERNSTEIN	
STREET ADDRESS: 222 SHEFFIELD J		STREET ADDRESS: 16 WINDSOR D	
CITY-ST-ZIP: W PALM BCH, FL 00000 33417		CITY-ST-ZIP: W PALM BEACH, FL 33417	
TITLE: VP	FOGELMAN, ROBERT <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FOGELMAN, ROBERT		NAME: _____	
STREET ADDRESS: 106 WELLINGTON DR.		STREET ADDRESS: _____	
CITY-ST-ZIP: W PALM BCH FL 33417		CITY-ST-ZIP: _____	
TITLE: VD	BROMBERG, FANNIE <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BROMBERG, FANNIE		NAME: _____	
STREET ADDRESS: 34 SHEFFIELD B		STREET ADDRESS: _____	
CITY-ST-ZIP: W PALM BCH FL 33417		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: *[Signature]* **W. COHEN** DATE: **7/5/01** DAYTIME PHONE: **561-689-3729**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)