

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0034012

04-09-2002 90050 038 \*\*\*\*\*61.25

**DOCUMENT # 763367**

1. Entity Name

**UNITED CIVIC ORGANIZATION, INC.**

Principal Place of Business

Mailing Address

82 STRATFORD F  
 WEST PALM BEACH FL 33417  
 US

82 STRATFORD F  
 WEST PALM BCH. FL 33417  
 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

**59-2221503**

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

7. Name and Address of New Registered Agent

**WEISS, KURT**  
**402 GREENBRIER A**  
**WEST PALM BEACH FL 33417**

Name **VIVIAN WALSH**

Street Address (P.O. Box Number is Not Acceptable)  
**109 NORTHAMPTON F**

City **W PALM BEACH**

**FL**

Zip Code  
**33417**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4/1/02**

**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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BETTY LAPIDUS</b>	
STREET ADDRESS	<b>251 BEDFORD J</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COHEN, ANNE</b>	
STREET ADDRESS	<b>114 WELLINGTON, #M</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEISS, KURT</b>	
STREET ADDRESS	<b>402 GREENBRIER, #A</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>BERNSTEIN, DAVID</b>	
STREET ADDRESS	<b>66 WINDSOR D</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>FOGELMAN, ROBERT</b>	
STREET ADDRESS	<b>106 WELLINGTON DR.</b>	
CITY-ST-ZIP	<b>W PALM BCH FL 33417</b>	
TITLE	<b>VDD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROMBERG, FANNIE</b>	
STREET ADDRESS	<b>34 SHEFFIELD B</b>	
CITY-ST-ZIP	<b>W PALM BCH FL 33417</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARIE OLIVER</b>	
STREET ADDRESS	<b>62 STRATFORD E</b>	
CITY-ST-ZIP	<b>W. PALM BEACH, FL 33417</b>	
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIVIAN WALSH</b>	
STREET ADDRESS	<b>107 NORTHAMPTON F</b>	
CITY-ST-ZIP	<b>W. PALM BEACH, FL 33417</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANNE COHEN</b>	
STREET ADDRESS	<b>114 WELLINGTON M</b>	
CITY-ST-ZIP	<b>W PALM BEACH, FL 33417</b>	

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]* **MARIE OLIVER** **4/1/02** **561-683-9189**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)