

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90123 037 ****61.25

DOCUMENT # **763367**

1. Entity Name
UNITED CIVIC ORGANIZATION, INC.



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

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALSH, VIVIAN
109 NORTH HAMPTON F
WEST PALM BEACH FL 33417**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David Walsh - President

4/2/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	BETTY LAPIDUS	
STREET ADDRESS	251 BEDFORD J	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLIVER, MARIE	
STREET ADDRESS	62 STRATFORD E	
CITY-ST-ZIP	WEST PALM BEACH FL. 33417	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALSH, VIVIAN	
STREET ADDRESS	107 NORTH HAMPTON F	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BERNSTEIN, DAVID	
STREET ADDRESS	66 WINDSOR D	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FOGELMAN, ROBERT	
STREET ADDRESS	106 WELLINGTON DR.	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE	V	<input type="checkbox"/> Delete
NAME	COHEN, ANNE	
STREET ADDRESS	114 WELLINGTON M	
CITY-ST-ZIP	W PALM BCH FL 33417	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *MARIE OLIVER* **MARIE OLIVER**

4/2/03 561-683-9189

CR2E037 (10/02)