## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N09876

1. Entity Name

## DALM REACH COUNTY CITY MANIAGEMENT ACCOMINTION I

FILED
Feb 02, 2001 8:00 am
Secretary of State
02-02-2001 90297 004 \*\*\*\*70.00

PALIVI C	BEACH COUNTY CITY MANAG	ENIENT ASSOCIATION	l, I			02 02 2001	J02J7 00 I	, 0	
Principal Plac	ee of Business	Mailing Address							
TOWN OF GU		TOWN OF GULFSTREAM 100 SEA RD							
GULF STREAM US		GULF STREAM FL 33483 US		ļ	1 2001110		lin mili nipri dinali nip	)	IZI <b>BIB</b> IZ <b>IB</b> PI
2. Principal F	Place of Business	3. Mailing Address	1 0 1						
Village of Suite, Apt.	#, ex.	Suite, Apt. #, etc.	alm Bea	ch_		DO NOT WRI	TE IN THIS SPAC	E	
1050 Roya	al Palm Beach Blvd.	1050 Koyal Palm 1:	beach Blvo	<u>d.</u>	4. FEI Numbe	r		Ap	plied For
Royal Po	In Beach, H	Royal Palm Bea	sh.PL			59-2552614		Not	Applicable
33411	USA	33411	Country USA			of Status Desired	Fee	75 Addi Required	
	6. Name and Address of Current R	egistered Agent	Name	<u> </u>	1	Address of New F	legistered Agen	t	
0455100	N. KOLOTIN		Street A		Wart, O. Box Nambe	>heryl r is Not Acceptable	e) 01.1		<del>-</del>
GARRISON, KRISTIN 100 SEA RD.			10.50			m bear	h Blvd.		
GULF ST	REAM FL 33483		City O				F1 2	ip Code	. 1.1
0 7h h	al a sit on the New Shell of Section 1.	the acceptance of the section it is	n	oyal	Palm	Beach		Zip Code 33	4/1
<b>8.</b> The above	named entity submits this statement for	the purpose of changing its re	gistered onice or	rregistere	d agent, or boil	n, in the state of Pit	лиа.		, ,
SIGNATURE .	Shruge Stee Signature, typed or plusted name of registered agent an		ery   5	tewa ure required w		cretary	Treasus DATE	rer	1/29/01
		<del></del>							
	FII F NOW:	9. Election Campaign F	inancino	<b>\$5 00</b>	May Bo	Mak	e Check Pava	ble to	[
	FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contributi	· ·	<b>\$5.00</b> Added	May Be o Fees		e Check Paya partment of S		
10.		Trust Fund Contributi	· ·	Added :	o Fees		partment of S	State	10
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r hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. 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:**