

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N35851**

1. Entity Name

**A BETTER PLACE, INC.**

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90064 047 \*\*\*\*70.50

Principal Place of Business

Mailing Address

426 FORESTERIA DRIVE  
 LAKE PARK FL 33403

426 FORESTERIA DRIVE  
 LAKE PARK FL 33403-3308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LESSER, GARY S**  
**909 NORTH DIXIE HIGHWAY**  
**WEST PALM BEACH FL 33401**

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 charging its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_  
 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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURTON, WARREN</b>	NAME	
STREET ADDRESS	<b>426 FORESTERIA DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK FL</b>	CITY-ST-ZIP	
TITLE	<b>TT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLINGTON, JENEVA</b>	NAME	
STREET ADDRESS	<b>426 FORESTERIA DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK FL 33403</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLE, DONNA</b>	NAME	<b>JANE ROBINSON ST</b>
STREET ADDRESS	<b>3269 FLORIDA BLVD</b>	STREET ADDRESS	<b>2600 N FLAGLER DR</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	CITY-ST-ZIP	<b>W-P-B- FL 33607</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIP, SHEILA</b>	NAME	<b>ST Berthel Becton</b>
STREET ADDRESS	<b>815 HAWTHORNE DR</b>	STREET ADDRESS	<b>500 W. 24th St</b>
CITY-ST-ZIP	<b>LAKE PARK FL 33403</b>	CITY-ST-ZIP	<b>Riviera Beach 33404</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-27-2000 Daytime Phone #: 561-844-2663

CR2E037 (9/99)