

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 02, 2001 8:00 am
Secretary of State

01-31-2001 90310 011 ****70.00

DOCUMENT # N35851
 1. Entity Name
A BETTER PLACE, INC.

Principal Place of Business Mailing Address
 426 FORESTERIA DRIVE 426 FORESTERIA DRIVE
 LAKE PARK FL 33403 LAKE PARK FL 33403

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	NOT APPLICABLE	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$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 changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Evelyn Bannister	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURTON, WARREN		NAME	3800 AUSTRALIAN AVE	(T)
STREET ADDRESS	426 FORESTERIA DR.		STREET ADDRESS	W.P.B. FL 33417	
CITY-ST-ZIP	LAKE PARK FL		CITY-ST-ZIP		
TITLE	TT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLINGTON, JENEVA		NAME		
STREET ADDRESS	426 FORESTERIA DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL 33403		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, DONNA		NAME		
STREET ADDRESS	3289 FLORIDA BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIP, SHEILA		NAME		
STREET ADDRESS	815 HAWTHORNE DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL 33403		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris J. Harland		NAME		
STREET ADDRESS	P.O. Box 1068	(D)	STREET ADDRESS		
CITY-ST-ZIP	Sendustaw 3456		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE Robinson	(D)	NAME		
STREET ADDRESS	2600 N Flagler	#800 (D)	STREET ADDRESS		
CITY-ST-ZIP	W.P.B. FL 33407		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: Warren Burton **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 2/17/2001 **Date** 561-844-2663 **Daytime Phone #**

CR2E037 (10/00)