

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40227

1. Entity Name

NORTHWOOD AREA BUSINESS ASSOCIATION, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90004 049 ****61.25

Principal Place of Business

Mailing Address

424 24TH STREET
 THIS IS THE PUB
 WEST PALM BEACH FL 33407-8511
 US

P.O. BOX 8511
 WEST PALM BEACH FL 33407
 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

65-0326487

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

GORE, RAYMOND
2916 E TAMARIND AVE
WEST PALM BEACH FL 33407

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

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
After September 13, 2000 min. will be \$236.25

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 | P | <input type="checkbox"/> Delete |
| NAME | GORE RAYMOND | |
| STREET ADDRESS | 2916 W TAMARIND AVE | |
| CITY-ST-ZIP | W PALM BEACH FL 33407 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | PETERMAN, YVONNE | |
| STREET ADDRESS | 415 NORHTWOOD ROAD | |
| CITY-ST-ZIP | W.PALM.BEACH.FL 33407 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | FRECHETTE, WAYNE | |
| STREET ADDRESS | 4520 BROADWAY | |
| CITY-ST-ZIP | W PALM BEACH FL 33407 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GORE, JEAN | |
| STREET ADDRESS | 2916 W. TAMARIND AVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRANCH, LYNN | |
| STREET ADDRESS | 417 25TH ST | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| 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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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

7/27/00 (50) 848-5577

Date

Daytime Phone #

CR2E037 (5/00)