

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90855 001 *****8.75
 05-19-2000 90855 002 *****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N49255

1. Entity Name

NORTHWOOD BUSINESS DEVELOPMENT CORP.

Principal Place of Business

**440 211 ST
 WEST PALM BEACH FL 33407
 US**

Mailing Address

**440 211 ST
 WEST PALM BEACH FL 33407
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0352279

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

**RUCKER, DAVID W
 440 24 ST
 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**

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 **PD** ☐ Delete
 NAME **RUCKER, DAVID W**
 STREET ADDRESS **561 N COUNTRY CLUB DR**
 CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **President** ☐ Change ☒ Addition
 NAME **Carl Flick**
 STREET ADDRESS **221 34th Street**
 CITY-ST-ZIP **West Palm Beach 33407**

TITLE **SD** ☐ Delete
 NAME **STARKEY, BETTE ANNE**
 STREET ADDRESS **213 29 ST**
 CITY-ST-ZIP **W. PALM BEACH FL 33407**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **David Rucker**
 STREET ADDRESS **561 N Country Club Dr.**
 CITY-ST-ZIP **Atlantis FL 33402**

TITLE **TD** ☐ Delete
 NAME **AFRECHETTE, WAYNE**
 STREET ADDRESS **4520 BROADWAY**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **Assistant Treasurer** ☒ Change ☐ Addition
 NAME **Wayne Frechette**
 STREET ADDRESS **4520 Broadway**
 CITY-ST-ZIP **West Palm Beach FL 33407**

TITLE **Asst President & Anita Pace** ☐ Delete
 NAME **Anita Pace**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Assistant President** ☐ Change ☒ Addition
 NAME **Anita pace**
 STREET ADDRESS **1457 N. mangonia Circle**
 CITY-ST-ZIP **West Palm Beach FL 33401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E037 (9/99)