

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

519 25TH ST

519 25TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33407

Country

U.S.

Zip

33407

Country

U.S.

6. Name and Address of Current Registered Agent

RUCKER, DAVID W  
440 24 ST  
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

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

*David W. Rucker*

D. W. Rucker

5/11/01

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

TITLE	T	<input type="checkbox"/> Delete
NAME	RUCKER, DAVID W	
STREET ADDRESS	561 N COUNTRY CLUB DR	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STARKEY, BETTE ANNE	
STREET ADDRESS	213 29 ST	
CITY-ST-ZIP	W. PALM BEACH FL 33407	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	AFRECHETTE, WAYNE	
STREET ADDRESS	4520 BROADWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLICK, CARL	
STREET ADDRESS	221 34TH ST.	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	AP	<input type="checkbox"/> Delete
NAME	PACE, ANITA	
STREET ADDRESS	1457 N. MAGNOLIA CIR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
STREET ADDRESS	
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:

*David W. Rucker*

5/11/01

(941) 832-6776

FILED  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91580 042 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)