

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90079 040 ****61.25

DOCUMENT # N96000004400

1. Entity Name

SOUTH DIXIE ANTIQUE ROW ASSOCIATION, INC.

Principal Place of Business

3717 S DIXIE
 WEST PALM BEACH FL 33405
 US

Mailing Address

PO BOX 6815
 % NANCY NAUMAN
 WEST PALM BEACH FL 33405
 US

2. Principal Place of Business

3700 So. Dixie

3. Mailing Address

Suite-Apt.-#-etc.

Suite-Apt.-#-etc.
6

City & State
West Palm Beach, FL

City & State

Zip
33405

Country

Zip

Country

4. FEI Number

65-0682424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COFFEY, TRACY
 3700 S DIXIE HWY #6
 WEST PALM BEACH FL 33405

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

Signature, typed or printed name of registered agent and date 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	D	☐ Delete
NAME	NAUMAN, NANCY A	
STREET ADDRESS	3717 S. DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	☐ Delete
NAME	BLICKSILVER, JANE	
STREET ADDRESS	3709 S. DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	T	☐ Delete
NAME	STRASSER, DAVID	
STREET ADDRESS	6984 S DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	☐ Delete
NAME	REYES, ALLAN	
STREET ADDRESS	3632 S. DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	S	☐ Delete
NAME	NEITZ, ELIZABETH	
STREET ADDRESS	3717 S DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	☐ Delete
NAME	FRENCH, RON	
STREET ADDRESS	3800 SO DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer

3/2/02 561-588-3119

Date

Daytime Phone #

CR2E037 (9/01)