

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90041 035 ****61.25

DOCUMENT # N98000002773

1. Entity Name

PINEAPPLE GROVE OUTDOOR ART, INC.

Principal Place of Business

Mailing Address

279 PINEAPPLE GROVE WAY
 DELRAY BEACH FL 33444

279 PINEAPPLE GROVE WAY
 DELRAY BEACH FL 33444-3705

2. Principal Place of Business

298 Pineapple Grove Way

3. Mailing Address

298 Pineapple Grove Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0835220
~~APPLIED FOR~~

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MINERLEY, KENNETH
980 NORTH FEDERAL HIGHWAY, SUITE 205
BOCA RATON FL 33442

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONNEN, JANET	NAME	Branning, William
STREET ADDRESS	279 PINEAPPLE GROVE WAY	STREET ADDRESS	9 N.E. 2nd St.
CITY-ST-ZIP	DELRAY BEACH FL 33444	CITY-ST-ZIP	Delray Beach, Fl. 33444
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANNING, WILLIAM	NAME	Eliopoulos, Gary
STREET ADDRESS	279 PINEAPPLE GROVE WAY	STREET ADDRESS	14 N.E. 4th Avenue
CITY-ST-ZIP	DELRAY BEACH FL 33444	CITY-ST-ZIP	Delray Beach, Fl. 33488
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGHEE, LORETTA	NAME	Conigliaro, Aldo
STREET ADDRESS	279 PINEAPPLE GROVE WAY	STREET ADDRESS	137 E. Atlantic Ave.
CITY-ST-ZIP	DELRAY BEACH FL 33444	CITY-ST-ZIP	Delray Beach, Fl. 33444
TITLE	D <input type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENNA, JOHN	NAME	
STREET ADDRESS	279 PINEAPPLE GROVE WAY	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Beale, David
STREET ADDRESS		STREET ADDRESS	172 N.E. 2nd Ave.
CITY-ST-ZIP		CITY-ST-ZIP	Delray Beach, Fl. 33444
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *John P. McKenna* **REQUIRED** *John P. MCKENNA* *4/27/00* *561-276-7025*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)