

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004874

1. Entity Name

PLEASANT CITY FAMILY REUNION COMMITTEE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90145 001 ****61.25

Principal Place of Business Mailing Address
 2117 N DIXIE HWY P.O. BOX 4724
 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33402-4724
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0613550 Applied For Not Applicable
 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
 CLARKE, EVEREE J
 5520 N HAVERHILL ROAD
 #28
 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	P	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLARKE, EVEREE J			NAME	HELEN JONES HEIGHT		
STREET ADDRESS	5520 N HAVERHILL RD #28			STREET ADDRESS	1621 W. 13TH ST		
CITY-ST-ZIP	WEST PALM BEACH FL 33407			CITY-ST-ZIP	RIVIERA BEACH, FL 33404		
TITLE	V	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WHITE, EDWARD J			NAME	BESSIE COLLIER HARVEY		
STREET ADDRESS	1252 S 6TH ST			STREET ADDRESS	821 AVENUE N		
CITY-ST-ZIP	RIVIERA BCH FL 33404			CITY-ST-ZIP	RIVIERA BEACH, FL 33404		
TITLE	T	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PRESTON, DAVID			NAME	ROSETTA WHIPPLE LOVETT		
STREET ADDRESS	1554 N MANGONIA DR			STREET ADDRESS	1608 45TH ST		
CITY-ST-ZIP	WEST PALM BEACH FL 33407			CITY-ST-ZIP	WEST PALM BEACH, FL 33407		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RISSIER BERNARD, LORNA			NAME	ADOLPHUS MONTGOMERY		
STREET ADDRESS	2658 IRMA LAKE DR			STREET ADDRESS	1631 AVENUE H		
CITY-ST-ZIP	WEST PALM BEACH FL 33411			CITY-ST-ZIP	RIVIERA BEACH, FL 33404		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRECOLIA JACKSON			NAME			
STREET ADDRESS	426 22ND ST.			STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODERICK STEVENS			NAME			
STREET ADDRESS	1803 N. TAMARIND AVE.			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BCH FL			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: *Everee J. Clarke* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (9/99)