

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90175 006 ****61.25

DOCUMENT # 711260

1. Entity Name
THE DORCHESTER, INC.



Principal Place of Business
**200 NORTH OCEAN BOULEVARD
DELRAY BEACH FL 33483**

Mailing Address
**200 NORTH OCEAN BOULEVARD
DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1169928**

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

**HIMMELRIGHT, ROBERT
200 NORTH OCEAN BOULEVARD
APT. #6S
DELRAY BEACH FL 33483**

Name

Mr. Raymond Polley

Street Address (P.O. Box Number is Not Acceptable)

200 N. Ocean Blvd. 2S

City

Delray Beach

FL

Zip Code

33483

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HIMMELRIGHT, ROBERT**
STREET ADDRESS **200 NORTH OCEAN BOULEVARD #6S**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **PD** ☐ Change ☐ Addition
NAME **Polley, Raymond 2S**
STREET ADDRESS **200 N. Ocean - Delray Beach**
CITY-ST-ZIP **33483**

TITLE **VD** ☐ Delete
NAME **JUNK, WILLIAM**
STREET ADDRESS **200 NORTH OCEAN BOULEVARD #2N**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **SD** ☐ Change ☐ Addition
NAME **Searcy, Tunstall 4N**
STREET ADDRESS **200 N. Ocean - Delray Beach**
CITY-ST-ZIP **33483**

TITLE **TD** ☐ Delete
NAME **SEARCY, TUNSTALL**
STREET ADDRESS **200 N OCEAN BLVD 4N**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **TD** ☐ Change ☐ Addition
NAME **Dunning, John 8N**
STREET ADDRESS **200 N. Ocean - Delray Beach**
CITY-ST-ZIP **33483**

TITLE **SD** ☐ Delete
NAME **CANARY, NANCY**
STREET ADDRESS **200 NORTH OCEAN BOULEVARD #3N**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Change ☐ Addition
NAME **Kilpatrick, Harold 10N**
STREET ADDRESS **200 N. Ocean - Delray Beach**
CITY-ST-ZIP **33483**

TITLE **D** ☐ Delete
NAME **ADAMS, LESLIE**
STREET ADDRESS **200 N OCEAN BLVD 3S**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Change ☐ Addition
NAME **Jones, Donald 4S**
STREET ADDRESS **200 N. Ocean - Delray Beach**
CITY-ST-ZIP **33483**

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: **Del** SIGNATURE REQUIRED

4/8/03

CR2E037 (10/02)