

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 583068

1. Entity Name

DELRAY PROPERTY MANAGEMENT, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90070 046 \*\*\*150.00

Principal Place of Business

Mailing Address

2012 SW 36 AVE  
DELRAY BEACH FL 33445  
US

P.O. BOX 885  
DELRAY BEACH FL 33447-0885  
US

2. Principal Place of Business

3. Mailing Address

4450 Sherwood Forest Dr.

Suite, Apt. #, etc.

City & State  
Delray Beach, FL.

City & State

Zip  
33445

Country  
Palm Beach

Zip

Country

4. FEI Number 59-1845608

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

GOLDRICK, ELEANOR R  
2012 SW 36 AVE  
DELRAY BEACH FL 33445

Name  
Eleanor R. Goldrick

Street Address (P.O. Box Number is Not Acceptable)  
4450 Sherwood Forest Dr.

Delray Beach,

City FL Zip Code 33445

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 Eleanor R. Goldrick Eleanor R. Goldrick 4/4/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GOLDRICK, MICHAEL W. 2012 SW 36TH AVENUE DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GOLDRICK, ELEANOR R. 2012 SW 36TH AVENUE DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GOLDRICK, MICHAEL W. 4450 Sherwood Forest Dr. Delray Beach, FL. 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GOLDRICK, ELEANOR R. 4450 Sherwood Forest Dr. Delray Beach, FL. 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eleanor R. Goldrick Eleanor R. Goldrick 4/4/00 301-496-0824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)