

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701434

1. Entity Name

THREE EIGHTY NINE CORPORATION

Principal Place of Business

Mailing Address

389 SOUTH LAKE DRIVE
PALM BEACH FL 33480

389 SOUTH LAKE DRIVE
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0878530

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

MCDONALD, MARSHALL, III
1070 EAST INDIAN TOWN RD.
STE 312
JUPITER FL 33477

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 PD ☐ Delete
NAME ATKINSON, JOSEPH A.
STREET ADDRESS 389 S LAKE DR
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MARTIN, EDWARD
STREET ADDRESS 389 S LAKE DRIVE
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME KING, VICTOR
STREET ADDRESS 389 S LAKE DR
CITY-ST-ZIP PALM BCH., FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME REED, STANLEY F
STREET ADDRESS 389 SO. LAKE DRIVE
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME WEBB, BAXTER
STREET ADDRESS 389 S. LAKE DR
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LYNE SS, VINCENT
STREET ADDRESS 389 SOUTH LAKE DR
CITY-ST-ZIP PALM BEACH FL 33480

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, changed, or on an attachment with an address, only, of a prior filing, as provided.

SIGNATURE:

SIGNATURE REQUIRED

Geoff Thomas manager 1-25-02

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90050 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)