

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2001 08:00 AM****Secretary of State****DOCUMENT # 721601****1. Entity Name**

GREATER DELRAY BEACH CHAMBER OF COMMERCE, INC.

**Principal Place of Business**CHAMBER OF COMMERCE INC  
64 SE FIFTH AVE  
DELRAY BEACH  
334835302

FL

**Mailing Address**CHAMBER OF COMMERCE INC  
64 SE FIFTH AVE  
DELRAY BEACH  
334835302

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-0581716**

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**WOOD, WILLIAM J.  
64 SE 5TH AVEDELRAY BEACH  
33483

US

FL

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

**04/11/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOOD, WILLIAM J.		NAME	WOOD, WILLIAM J.		
STREET ADDRESS	64 SE 5TH AVE		STREET ADDRESS	64 SE 5TH AVE		
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP	DELRAY BEACH FL 33483		
TITLE	C	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRK ROGER		NAME	KIRK ROGER		
STREET ADDRESS	2815 S. SEACREST BLVD		STREET ADDRESS	2815 S. SEACREST BLVD		
CITY-ST-ZIP	BOCA RATON FL 33435		CITY-ST-ZIP	BOCA RATON FL 33435		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKINNEY FRANK		NAME			
STREET ADDRESS	72 SE 6TH AVE		STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE JOSEPH P		NAME			
STREET ADDRESS	161 NE 5TH AVE STE A		STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROW, BONNIE		NAME			
STREET ADDRESS	915 HIBISCUS LANE		STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEBOWITZ JEFFREY		NAME	LEBOWITZ JEFFREY		
STREET ADDRESS	1801 S. FEDERAL HWY		STREET ADDRESS	1801 S. FEDERAL HWY		
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP	DELRAY BEACH FL 33483		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: WILLIAM J. WOOD**

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**04/11/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)