

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

01-13-2000 90036 030 ****61.25
 09-11-2000 90012 046 ****70.00

DOCUMENT # 726299

1. Entity Name R
THE URBAN LEAGUE OF PALM BEACH COUNTY, INC.

Principal Place of Business 1700 N. AUSTRALIAN AVE. WEST PALM BEACH FL 33407	Mailing Address 1700 N. AUSTRALIAN AVE. WEST PALM BEACH FL 33407
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DO NOT WRITE IN THIS SPACE

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 59-1533710	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANDREWS, MARCIA
722 WINDFLOWER COURT
WELLINGTON FL 33414

7. Name and Address of New Registered Agent
 Name **Paul A. Seal**
 Street Address (P.O. Box Number is Not Acceptable)
35 Teal Way
 City **Boynton Beach** **FL** Zip Code **33436**

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 **Paul A. Seal, Chairman** **September 7, 2000**
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
After September 13, 2000 min. will be \$236.25

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	
TITLE: SD <input checked="" type="checkbox"/> Delete NAME: PRATHER, DAVID C STREET ADDRESS: 494 PELICAN LANE SOUTH CITY-ST-ZIP: JUPITER FL 33458	
TITLE: PD <input checked="" type="checkbox"/> Delete NAME: ANDREWS MARICA STREET ADDRESS: 722 WIND FLOWER CT. CITY-ST-ZIP: WELKINGTON FL 33414	
TITLE: VD <input checked="" type="checkbox"/> Delete NAME: JOHNSON, LYDIA STREET ADDRESS: 1362 MANGONIA DRIVE CITY-ST-ZIP: WEST PALM BEACH FL 33401	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Paul A. Seal STREET ADDRESS: 35 Teal Way CITY-ST-ZIP: Boynton Beach, FL 33436	
TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Gerald Kisner STREET ADDRESS: 801 8th Street CITY-ST-ZIP: West Palm Beach, FL 33401	
TITLE: SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Larry Brown STREET ADDRESS: 1300 Allendale Road CITY-ST-ZIP: West Palm Beach, FL 33405	
TITLE: TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: William Oberlink STREET ADDRESS: 13061 Sabal Chase CITY-ST-ZIP: Palm Beach Gardens, FL 33418	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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: **Paul A. Seal, Chairman** **September 7, 2000** 561-833-1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)