

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90002 025 ****61.25

54069080



DOCUMENT # 726299 1. Entity Name 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FBI Number 59-1533710	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FRIEDMAN, ROBERT 2201 NW Corporate Blvd., Suite 201 Boca Raton, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
Filing Fee is \$61.26 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DT ROBIN, NANCY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6100 Glades Road		NAME		
STREET ADDRESS	Boca Raton, FL 33434		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DS OWENS, ERVIN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4397 Hunting Trail		NAME		
STREET ADDRESS	Lake Worth, FL 33467		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DC FRIEDMAN, ROBERT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2201 NW Corporate Blvd., Suite 201		NAME		
STREET ADDRESS	Boca Raton, FL 33431		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DVC RAY, HAROLD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2101 AUSTRALIAN AVENUE		NAME		
STREET ADDRESS	WEST PALM BEACH, FL 33407		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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:			Date 8-12-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					