

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90009 034 ****70.00

DOCUMENT # 737245

1. Entity Name

THE TENANT COUNCIL OF THE SOUTHRIDGE PROJECT OF

Principal Place of Business

**3801 GEORGIA AVE.
 WEST PALM BEACH FL 33405**

Mailing Address

**3801 GEORGIA AVE.
 SUITE 1
 WEST PALM BEACH FL 33405
 US**

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

59-6001290

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BISHOP, ALMA
 740 #3 ROSELAND DR
 WEST PALM BEACH FL 33405**

7. Name and Address of New Registered Agent

Name

ELEANOR RAE COVERT

Street Address (P.O. Box Number is Not Acceptable)

3734 #2 LAKE AVENUE

WEST PALM BEACH, FLORIDA 33405

City

FL

Zip Code

33405

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 RAE COVERT**

Eleanor Rae Covert

7-24-01

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BISHOP, ALMA	
STREET ADDRESS	740 #3 ROSELAND DR	
CITY-ST-ZIP	W PALM BEACH FL 33405	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOSTELNIK, MARGARET	
STREET ADDRESS	3767 #1 GEORGIA AVE	
CITY-ST-ZIP	W PALM BEACH FL 33405	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONADO, JEAN	
STREET ADDRESS	750 #2 ROSELAND DR	
CITY-ST-ZIP	W PALM BEACH FL 33405	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCCLURE, JACK	
STREET ADDRESS	775 #3 SOUTHERN BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVERT, ELEANOR RAE	
STREET ADDRESS	3734 #2 LAKE AVENUE	
CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33405	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTELNIK, MARGARET	
STREET ADDRESS	3767 #1 GEORGIA AVE.	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33405	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, OLIVE	
STREET ADDRESS	720 #1 ROSELAND DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FLORIDA	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTELNIK, MARGARET	
STREET ADDRESS	3767 #1 GEORGIA AVENUE	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33405	
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: *Eleanor Rae Covert*

7-24-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)