

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90453 036 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751628

1. Entity Name

WESTSIDE-DEERFIELD BUSINESSMEN ASSOCIATION, INC. ✓

Principal Place of Business

275 SW 1ST STREET
#1
DEERFIELD BEACH FL 33441

Mailing Address

P.O. BOX 71
DEERFIELD BEACH FL 33443

80125763



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

65-0288583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, ERNEST
884 SW 3RD AVE
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

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

TITLE PD
NAME KNOWLES, NATHANIEL B.
STREET ADDRESS 690 SW 12TH CT
CITY-ST-ZIP DEERFIELD BCH. FL ☐ Delete

TITLE D
NAME LEWIS, JOHNNY
STREET ADDRESS 182 NW 3RD COURT
CITY-ST-ZIP DEERFIELD BCH. FL ☐ Delete

TITLE D
NAME RAHMING, LOHMAN
STREET ADDRESS 379 S. DIXIE HIGHWAY
CITY-ST-ZIP DEERFIELD BCH. FL ☐ Delete

TITLE D
NAME THOMPSON, ERNEST
STREET ADDRESS 242 SW 1ST COURT
CITY-ST-ZIP DEERFIELD BCH. FL ☐ Delete

TITLE STD
NAME RAGIN, JOHN
STREET ADDRESS 170 SW 3RD AVENUE
CITY-ST-ZIP DEERFIELD BCH. FL ☐ Delete *Deceased*

TITLE D
NAME PARRISH, TONY
STREET ADDRESS 273 W. HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BCH. FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V.P.
NAME FELICIA POSTER
STREET ADDRESS 501 W. HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BCH. FL 33441 ☐ Change ☒ Addition

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

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

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

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

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

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)