

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761672

1. Entity Name

WORLD TRADE COUNCIL OF PALM BEACH COUNTY, INC.

**FILED**  
Feb 20, 2000 8:00 am  
Secretary of State

02-20-2000 90008 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P. O. BOX 1425  
WEST PALM BEACH FL 33402

P. O. BOX 1425  
WEST PALM BEACH FL 33402-1425

2. Principal Place of Business

P.O. Box 991

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 991

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL 33402

Zip

Country

City & State

West Palm Beach, FL 33402

Zip

Country

4. FEI Number

59-2309282

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

MOORE, GEORGE C.J., ESQUIRE  
105 S. NARCISSUS AVENUE  
SUITE 812  
WEST PALM BEACH FL 33401

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> Delete |
| NAME           | MOORE, GEORGE C. J.      |                                 |
| STREET ADDRESS | 105 S NARCISSUS AVE.     |                                 |
| CITY-ST-ZIP    | W PALM BEACH FL          |                                 |
| TITLE          | SD                       | <input type="checkbox"/> Delete |
| NAME           | HARRIS-LANGE, JANET      |                                 |
| STREET ADDRESS | 1001 W. JASMINE DRIVE, G |                                 |
| CITY-ST-ZIP    | LAKE PARK FL             |                                 |
| TITLE          | TD                       | <input type="checkbox"/> Delete |
| NAME           | LADOLCETTA, MATT         |                                 |
| STREET ADDRESS | 3000 E. SUNRISE BLVD. 2A |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL         |                                 |
| TITLE          | VP                       | <input type="checkbox"/> Delete |
| NAME           | VEITH, WALTER            |                                 |
| STREET ADDRESS | 1464 N OCEAN BLVD        |                                 |
| CITY-ST-ZIP    | PALM BEACH FL            |                                 |
| 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"/> 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    |   |
| 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    |   |
| 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:

George C. J. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2000 (561) 833-9000

Date

Daytime Phone #

CR2E037 (9/99)