

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764489

1. Entity Name

CRIME PREVENTION OF WEST PALM BEACH, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90080 001 ****75.00

Principal Place of Business

600 BANYAN BLVD
WEST PALM BEACH FL 33401
US

Mailing Address

P.O. BOX 1390
WEST PALM BEACH FL 33402-1390
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

59-2293239

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

BIRD, CLINTON C
2830 HANCOCK CREEK RD
WEST PALM BEACH FL 33411

Name

CLINTON C. BIRD

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

2830 HANCOCK CREEK RD.

City

WEST PALM BEACH

FL

Zip Code

33411

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

Clinton C. Bird TD

7-10-'00

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	☒ Delete
NAME	VALLEE, HELEN	
STREET ADDRESS	331 WINTERS ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VD	☐ Delete
NAME	LEVINE, ALAN	
STREET ADDRESS	114 MURRAY RD	
CITY-ST-ZIP	W.PALM BCH. FL 33405	
TITLE	TD	☐ Delete
NAME	BIRD, CLINTON C	
STREET ADDRESS	2830 HANCOCK CREEK RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411-5733	
TITLE	S	☐ Delete
NAME	KNIGHT, TERRY	
STREET ADDRESS	3315 LIDDY AVE	
CITY-ST-ZIP	W.PALM BCH. FL 33407	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	JOY, GEORGE	
STREET ADDRESS	P.O. BOX 851	
CITY-ST-ZIP	WEST PALM BEACH FL, 33402	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE REQUIRED

7-10-'00 (561) 478-0472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)