

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**  
 04-19-2000 90051 023 \*\*\*150.00

**DOCUMENT # G24434**

1. Entity Name

**WORTH PROFESSIONAL PARK, INC.**

Principal Place of Business

Mailing Address

**3155 LAKE WORTH RD  
 A-2  
 LAKE WORTH FL 33463**

**C/O JAMES DONOVAN  
 3830 JOG ROAD  
 LAKE WORTH FL 33467-1516**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2292925**

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

**DANGIO, ROBERT  
 218 DATURA  
 W PALM BCH 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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☐ Delete  
 NAME **O'BRIEN, MARLENA**  
 STREET ADDRESS **4711 N 24TH RD**  
 CITY-ST-ZIP **ARLINGTON VA 22207**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **406 11TH ST. N.E.**  
 CITY-ST-ZIP **CHARLOTTESVILLE, VA 22902**

TITLE **DP** ☐ Delete  
 NAME **O'BRIEN, KEVIN**  
 STREET ADDRESS **RT 1 BOX 431**  
 CITY-ST-ZIP **N GARDEN VA 22959**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **P.O. BOX 185**  
 CITY-ST-ZIP

TITLE **DTS** ☐ Delete  
 NAME **CHRYSLER, ANA MARIA**  
 STREET ADDRESS **103 E 75TH ST, APT 6FW**  
 CITY-ST-ZIP **NEW YORK NY 10021**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**

**KEVIN A O'BRIEN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/00**  
 Date

**504 295 9347**  
 Daytime Phone #

CR2E034 (9/99)