

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

0051692

DOCUMENT # N00000003938

1. Entity Name

DO THE RIGHT THING OF PALM BEACH COUNTY, INC.

01-16-2001 90101 002 ****61.25

Principal Place of Business

Mailing Address

38840 STATE ROAD 80
 BELLE GLADE FL 33430

38840 STATE ROAD 80
 BELLE GLADE FL 33430

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

05-1052106

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

BAIR, MICHAEL C
 38840 STATE ROAD 80
 BELLE GLADE FL 33430

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

Michael Bair

1-8-2001

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 ☐ Delete
 NAME BAIR, MICHAEL C
 STREET ADDRESS 38840 STATE ROAD 80
 CITY-ST-ZIP BELLE GLADE FL 33430

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

TITLE D ☐ Delete
 NAME PACE, GARY
 STREET ADDRESS 38840 STATE ROAD 80
 CITY-ST-ZIP BELLE GLADE FL 33430

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

TITLE VD ☐ Delete
 NAME PADGETT, THOMAS
 STREET ADDRESS 38840 STATE ROAD 80
 CITY-ST-ZIP BELLE GLADE FL 33430

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

TITLE SD ☐ Delete
 NAME QUINONES, LUCY
 STREET ADDRESS 38840 STATE ROAD 80
 CITY-ST-ZIP BELLE GLADE FL 33430

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

TITLE TD ☐ Delete
 NAME BAIR, GLENN
 STREET ADDRESS 1037 TABIT ROAD
 CITY-ST-ZIP BELLE GLADE FL 33430

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

TITLE D ☐ Delete
 NAME MERICANTANTE, JOHN
 STREET ADDRESS 1200 E. MAIN STREET
 CITY-ST-ZIP PAHOKEE FL 33476

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:

Michael Bair

1-8-2001

(561) 996-1470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)