

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90782 047 ****61.25

DOCUMENT # N00000003938

1. Entity Name

DO THE RIGHT THING OF PALM BEACH COUNTY, INC.



Principal Place of Business

**38840 STATE ROAD 80
BELLE GLADE FL 33430**

Mailing Address

**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 **65-1052106**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael Bair
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAIR, MICHAEL C	
STREET ADDRESS	38840 STATE ROAD 80	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAGE, GARY	
STREET ADDRESS	38840 STATE ROAD 80	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PADGETT, THOMAS	
STREET ADDRESS	38840 STATE ROAD 80	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	QUINONES, LUCY	
STREET ADDRESS	38840 STATE ROAD 80	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAIR, GLENN	
STREET ADDRESS	1037 TABIT ROAD	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERICANTANTE, JOHN	
STREET ADDRESS	1200 E. MAIN STREET	
CITY-ST-ZIP	PAHOKEE FL 33476	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zaccagnino, Kathryn	
STREET ADDRESS	2254 Bacon Point Road	
CITY-ST-ZIP	Pahokee, FL 33476	
TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Flab Kias, Jeff	
STREET ADDRESS	200 NE 2nd Street	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bair, Michael C.	
STREET ADDRESS	38840 State Road 80	
CITY-ST-ZIP	Belle Glade, Florida 33430	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Padgett, Thomas	
STREET ADDRESS	38840 State Road 80	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quinones, Lucy	
STREET ADDRESS	38840 State Road 80	
CITY-ST-ZIP	Belle Glade, FL 33430	
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: Michael Bair **SIGNATURE REQUIRED**

4-15-03

(561)996-1670

CR2E037 (10/02)