

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24550

1. Entity Name

NORTHSHORE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 8637  
WEST PALM BEACH FL 33407

P.O. BOX 8637  
WEST PALM BEACH FL 33407-0637

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

59-2679072

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

HICKS, FREDERICK C.  
3501 NORTH AUSTRALIAN AVENUE  
WEST PALM BEACH FL 33407

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  
NAME HICKS, FREDERICK  
STREET ADDRESS 3501 N AUSTRALIAN AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

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

TITLE VD  
NAME ROACH, SIMON  
STREET ADDRESS 1689 40TH ST.  
CITY-ST-ZIP WPB FL ☒ Delete

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

TITLE VD  
NAME DIXON, RONNIE M.  
STREET ADDRESS 3600 NORTH SHORE DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

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

TITLE TD  
NAME RANK JR. G. BARRY  
STREET ADDRESS 3507 NORTH AUSTRALIAN AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Barry Rank Jr. 4/11/00 561-844-6988  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90036 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)