

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34245

1. Entity Name

ATLANTIC BENEVOLENT ASSOCIATION, INCORPORATED

Principal Place of Business

557 NORMANDY L  
KINGS POINT  
DELRAY FL 33484  
US

Mailing Address

557 NORMANDY L  
KINGS POINT  
DELRAY BEACH FL 33484  
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

65-0189457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALTBUCH, DAVID  
557 NORMANDY L  
KINGS POINT  
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME ALTBUCH, DAVID  
STREET ADDRESS 557 NORMANDY L  
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ Delete  
NAME KANCIGOR, NATHAN  
STREET ADDRESS 818 NORMAND R  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D ☐ Delete  
NAME OATLEY, BERNARD  
STREET ADDRESS 2825 SW 13TH ST, C868  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D ☐ Delete  
NAME WEBBER, IRVING  
STREET ADDRESS 7360 SO. ORIOLE BLVD  
CITY-ST-ZIP DELRAY BEACH FL 33446

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 ☐ 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  
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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:

DAVID ALTBUCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 05, 2002 8:00 am  
Secretary of State

02-05-2002 90033 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)