

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

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90206 018 \*\*\*\*61.25

**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



☐ CHECK HERE IF MAKING CHANGES

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>ALTBUCH, DAVID</b>	<b>557 NORMANDY L DELRAY BEACH FL</b>				
	<b>D</b>	<b>KANCIGOR, NATHAN</b>	<b>818 NORMAND R DELRAY BEACH FL 33484</b>				
	<b>D</b>	<b>OATLEY, BERNARD</b>	<b>2825 SW 13TH ST, C868 DELRAY BEACH FL 33445</b>				
	<b>D</b>	<b>WEBBER, IRVING</b>	<b>7380 SO. ORIOLE BLVD DELRAY BEACH FL 33446</b>				

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan C, 2003* *561-489 1487*

CR2E037 (10/02)