

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35851

1. Entity Name

A BETTER PLACE, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90064 047 ****70.50

Principal Place of Business

Mailing Address

426 FORESTERIA DRIVE
 LAKE PARK FL 33403

426 FORESTERIA DRIVE
 LAKE PARK FL 33403-3308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESSER, GARY S
909 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33401

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 charging 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 Delete
 NAME **D**
 STREET ADDRESS **BURTON, WARREN**
 CITY-ST-ZIP **426 FORESTERIA DR.**
LAKE PARK FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TT**
 STREET ADDRESS **WELLINGTON, JENEVA**
 CITY-ST-ZIP **426 FORESTERIA DR**
LAKE PARK FL 33403

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST**
 STREET ADDRESS **COLE, DONNA**
 CITY-ST-ZIP **3269 FLORIDA BLVD**
PALM BEACH GARDENS FL 33410

TITLE Change Addition
 NAME **JANE ROBINSON ST**
 STREET ADDRESS **JANE ROBINSON**
 CITY-ST-ZIP **2600 N FLAGLER DR**
W-P-B- FL 33607

TITLE Delete
 NAME **ST**
 STREET ADDRESS **PHILLIP, SHEILA**
 CITY-ST-ZIP **815 HAWTHORNE DR**
LAKE PARK FL 33403

TITLE Change Addition
 NAME **ST**
 STREET ADDRESS **Berthel Becton**
 CITY-ST-ZIP **500 W. 24th St**
Riviera Beach 33404

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-2000

Date

561-844-2663

Daytime Phone #

CR2E037 (9/99)