

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 02, 2001 8:00 am
Secretary of State

01-31-2001 90310 011 ****70.00

DOCUMENT # N35851

1. Entity Name

A BETTER PLACE, INC.

Principal Place of Business

426 FORESTERIA DRIVE
 LAKE PARK FL 33403

Mailing Address

426 FORESTERIA DRIVE
 LAKE PARK FL 33403

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP | D BURTON, WARREN 426 FORESTERIA DR. LAKE PARK FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TT WELLINGTON, JENEVA 426 FORESTERIA DR LAKE PARK FL 33403 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST COLE, DONNA 3269 FLORIDA BLVD PALM BEACH GARDENS FL 33410 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST PHILLIP, SHEILA 815 HAWTHORNE DR LAKE PARK FL 33403 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Doris J. Harland P.O. Box 1068 Lauderdale Fl 33456 | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JANE Robinson 2600 N Flagler W. P. B. FL 33407 #800 | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Evelyn BANNISTON 3800 AUSTRALIAN AVE W.P.B. FL 33417 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

W. ARREN BURTON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/2001

Daytime Phone #

561-844-2663

CR2E037 (10/00)