

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38592

1. Entity Name

DELRAY VILLAS "WE CARE", INCORPORATED

Principal Place of Business

C/O GRACE F. ROSS  
6393 LA SALLE DRIVE  
DELRAY BEACH FL 33484

Mailing Address

C/O GRACE F. ROSS  
6393 LA SALLE DRIVE  
DELRAY BEACH FL 33484

2. Principal Place of Business

DELRAY BEACH

Suite, Apt. #, etc.

3. Mailing Address

6393 LA SALLE RD.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL.

City & State

DELRAY BEACH FL.

Zip

33484

COUNTRY  
PALM

Zip

33484

COUNTRY  
PALM

6. Name and Address of Current Registered Agent-

ROSS, GRACE F.  
6393 LA SALLE DRIVE  
DELRAY BEACH FL 33484

4. FEI Number

65-0205500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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

*William Kaplan, Pres.*

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 PD  
NAME KAPLAN, WILLIAM  
STREET ADDRESS 6108 OVERLAND PLACE  
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE SD  
NAME ROSS, GRACE F.  
STREET ADDRESS 6393 LA SALLE DR.  
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE DVP  
NAME SILVERMAN, ANITA  
STREET ADDRESS 6098 LA SALLE RD  
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

*William Kaplan, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

Date

561-444-2853

Daytime Phone #

CR2E037 (10/00)