

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90287 044 \*\*\*\*61.25

**DOCUMENT # N39714**

1. Entity Name

**CITY CENTER PARTNERSHIP, INCORPORATED**

Principal Place of Business

Mailing Address

400 CLEMATIS ST  
#202  
WEST PALM BEACH FL 33401

400 CLEMATIS ST  
#202  
WEST PALM BEACH FL 33401

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

65-0244879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOUNTAIN, BILL  
400 CLEMATIS ST  
SUITE 202  
WEST PALM BEACH FL 33410

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

Bill Fountain, President & Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

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 **D** ☐ Delete  
NAME **HITCHINS, RICHARD**  
STREET ADDRESS **325 S OLIVE AVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **Director + President** ☐ Change ☒ Addition  
NAME **Fountain, Bill**  
STREET ADDRESS **400 Clematis Street, Suite 202**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D** ☐ Delete  
NAME **TYLANDER, GIGI**  
STREET ADDRESS **620 CLEMATIS ST**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Newman, Frank**  
STREET ADDRESS **303 Banyan Boulevard**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D** ☐ Delete  
NAME **DORSEY, RAY**  
STREET ADDRESS **505 S FLAGLER DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Copeland, Bertram**  
STREET ADDRESS **3931 RCA Boulevard, Suite 3102**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **D** ☐ Delete  
NAME **TURK, DAN**  
STREET ADDRESS **215 SOUTH OLIVE AVENUE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Haskins, Richard**  
STREET ADDRESS **450 Australian Avenue South**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D** ☐ Delete  
NAME **Grady, Dennis**  
STREET ADDRESS **401 North Flagler Drive**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D** ☐ Change ☒ Addition  
NAME **Vinho, Mark**  
STREET ADDRESS **625 N. Flagler Drive**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D** ☐ Delete  
NAME **Greenberg, George**  
STREET ADDRESS **210 Clematis Street**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D** ☐ Change ☒ Addition  
NAME **Springer, James**  
STREET ADDRESS **180 Royal Palm Way**  
CITY-ST-ZIP **Palm Beach, FL 33480**

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 REQUIRED**

3/1/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President & Director

Daytime Phone #

CR2E037 (10/00)