

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90025 008 ****61.25

DOCUMENT # N39714

1. Entity Name

CITY CENTER PARTNERSHIP, INCORPORATED

Principal Place of Business

**400 CLEMATIS ST
#202
WEST PALM BEACH FL 33401**

Mailing Address

**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 and Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	<input type="checkbox"/> Delete
NAME	HITCHINS, RICHARD	
STREET ADDRESS	325 S OLIVE AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYLANDER, GIGI	
STREET ADDRESS	620 CLEMATIS ST	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORSEY, RAY	
STREET ADDRESS	505 S FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURK, DAN	
STREET ADDRESS	215 SOUTH OLIVE AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VINHO, MARK	
STREET ADDRESS	625 N FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRINGER, JAMES	
STREET ADDRESS	180 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	Chairwoman, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lyn Harris	
STREET ADDRESS	222 Lakeview Avenue, Suite 1400	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	Jim Boyle, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	303 Banyan Boulevard	
STREET ADDRESS	West Palm Beach, FL 33401	
CITY-ST-ZIP		
TITLE	Sherman Robbins, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PO Box 3344	
STREET ADDRESS	Palm Beach, FL 33480	
CITY-ST-ZIP		
TITLE	Bertram Copeland, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3931 RCA Boulevard, #3102	
STREET ADDRESS	Palm Beach Gardens, FL 33410	
CITY-ST-ZIP		
TITLE	Elizabeth Wagner, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	777 South Flagler Drive, Suite 140	
STREET ADDRESS	West Palm Beach, FL 33401	
CITY-ST-ZIP		
TITLE	Steven Rodman, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	625 N. Flagler Drive, Ground Floor	
STREET ADDRESS	West Palm Beach, FL 33401	
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:**Bill Fountain, Director and President****1/15/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)