

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90312 009 \*\*\*\*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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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 **D** ☐ Change ☒ Addition  
NAME **George Greenberg**  
STREET ADDRESS **Pioneer Linens**  
CITY-ST-ZIP **210 Clematis Street  
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 **Dennis Grady**  
STREET ADDRESS **401 N. Flagler Drive**  
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 **Elizabeth Wagner**  
STREET ADDRESS **776 S. Flagler Drive**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Paul Twitty**  
STREET ADDRESS **515 N. Flagler Drive, Suite 1400**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D** ☐ Delete  
NAME **HARRIS, LYN**  
STREET ADDRESS **222 LAKEVIEW AVE STE 1400**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **D** ☐ Delete  
NAME **SPRINGER, JAMES**  
STREET ADDRESS **180 ROYAL PALM WAY**  
CITY-ST-ZIP **PALM BEACH FL 33480**

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 REQUIRED**

CR2E037 (10/02)