

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N46279**

1. Entity Name

**PROJECT LAKE WORTH, INC.****FILED****Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90038 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1701 LAKE WORTH ROAD  
LAKE WORTH FL 33460****PO BOX 147  
LAKE WORTH FL 33460-0147  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**NOT APPLICABLE**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**KIRK GRANTHAM, ESQUIRE  
1860 FOREST HILL BLVD., SUITE 105  
WEST PALM BEACH FL 33406**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PPD  
EGLY, JOE  
202 SO FEDERAL HWY 2  
LAKE WORTH FL 33460** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PPD  
DALE, DAVID  
409 NORTH D STREET  
LAKE WORTH FL 33460** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DALE, DAVID  
409 NORTH D STREET  
LAKE WORTH FL 33460** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
HENDRICKSON, DON  
P.O. BOX 20701  
WEST PALM BEACH FL 33416** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
CROWSHORE, GARY  
1813 -16TH AVE NORTH  
LAKE WORTH FL 33460** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
DARLING, JON  
7311 VENETIAN WAY  
WEST PALM BEACH FL 33406** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MORGAN, JOAN  
126 S J STREET  
LAKE WORTH FL 33460** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MORGAN, JOAN  
126 S J STREET  
LAKE WORTH FL 33460** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
TATE, JONI  
1425 LUCERNE AVE  
LAKE WORTH FL 33460** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SEASE, PETER  
214 4TH AVENUE SOUTH  
LAKE WORTH FL 33460** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CUNNINGHAM, EVERETT  
179 HARVARD DR  
LAKE WORTH FL 33460** ☒ DeleteTITLE  
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:** **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)