

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90164 029 ****61.25

DOCUMENT # N46279

1. Entity Name

PROJECT LAKE WORTH, INC.

Principal Place of Business

1701 ~~LAKE WORTH ROAD~~ ^{Wingfield St.}
 LAKE WORTH FL 33460

Mailing Address

PO BOX 147
 LAKE WORTH FL 33460
 US

00010066

2. Principal Place of Business

1701 Wingfield Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Worth Florida

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33460

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Roderick C. Moe**

Street Address (P.O. Box Number is Not Acceptable)

101 North J Street

Suite # 2

City

Lake Worth

FL

Zip Code
 33460

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

1/18/2001

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 **PPD** ☐ Delete
 NAME **DALE, DAVID**
 STREET ADDRESS **409 NORTH D STREET**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **PD** ☒ Delete
 NAME **DALE, DAVID**
 STREET ADDRESS **409 NORTH D STREET**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **VPD** ☐ Delete
 NAME **DARLING, JON**
 STREET ADDRESS **P.O. BOX 20701**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **SD** ☐ Delete
 NAME **MORGAN, JOAN**
 STREET ADDRESS **126 S J STREET**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **TD** ☒ Delete
 NAME **SEASE, PETER**
 STREET ADDRESS **214 4TH AVENUE SOUTH**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **SD** ☒ Delete
 NAME **MORGAN, JOAN**
 STREET ADDRESS **126 S J STREET**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD - TD** ☐ Change ☐ Addition
 NAME **Ralph D. Hendrickson Jr.**
 STREET ADDRESS **P.O. Box 20101**
 CITY-ST-ZIP **West Palm Beach, FL 33406**

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

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

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

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: **Ralph D. Hendrickson Jr** 1-15-01 561-642-8732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)