

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90014 010 ****61.25

DOCUMENT # N51397

1. Entity Name

BUSINESS AND ECONOMIC DEVELOPMENT AND REVITALIZATION CORPORATION OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

5725 CORPORATE WAY
 SUITE 204
 W PALM BEACH FL 33407
 US

P.O. BOX 1009
 WEST PALM BEACH FL 33402

B0093092



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5725 Corporate Way
 Suite/Apt. #, etc.
 201

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach, FL

4. FEI Number

65-0499595

Applied For

Not Applicable

Zip

Country

Zip

Country

33407 USA

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

LEE MAUDE FORD
 602 CLEAR LAKE AVENUE
 W PALM BEACH FL 33401

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	VD	<input type="checkbox"/> Delete
NAME	LEE, MAUDE FORD	
STREET ADDRESS	602 CLEAR LAKE AVE.	
CITY-ST-ZIP	W. PALM BEACH FL 33401	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MUHAMMAD, CARL	
STREET ADDRESS	1220 10TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JONES, MIKEL D	
STREET ADDRESS	4781 NO. CONGRESS AVE PMB 109	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GAINES, LIA T	
STREET ADDRESS	5725 CORPORATE WAY, SUITE 204	
CITY-ST-ZIP	W PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lia T. Gaines	
STREET ADDRESS	5725 Corporate Way, Suite 201	
CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 fees empowered.

SIGNATURE: *Lia T. Gaines*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 541 686 0064
 Date Daytime Phone #

0075298 CR2E037 (9/01)