

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
 West Palm Beach, FL

City & State

4. FEI Number

65-0499595

Applied For

Not Applicable

Zip
 33407

Country
 USA

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 LEE, MAUDE FORD
 602 CLEAR LAKE AVE.
 W. PALM BEACH FL 33401 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 STD
 MUHAMMAD, CARL
 1220 10TH STREET
 RIVIERA BEACH FL 33404 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CD
 JONES, MIKEL D
 4781 NO. CONGRESS AVE PMB 109
 BOYNTON BEACH FL 33426 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 GAINES, LIA T
 5725 CORPORATE WAY, SUITE 204
 W PALM BEACH FL 33407 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 Lia T. Gaines
 5725 Corporate Way, Suite 201
 West Palm Beach, FL 33407 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 5616860064
 Date Daytime Phone #

CR2E037 (9/01)