

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

FILED
Sep 18, 2003 8:00 am
Secretary of State

01-29-2003 90185 023 ****61.25

DOCUMENT # N92000000589

1. Entity Name

THE I HAVE A DREAM FOUNDATION OF DELRAY BEACH, I NC.



Principal Place of Business

Mailing Address

~~16870 SILVER OAK CIRCLE
DELRAY BEACH FL 33445~~

~~16870 SILVER OAK CIRCLE
DELRAY BEACH FL 33445~~

**4182 LIVE OAK BLVD
DELRAY BEACH**

55056792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0378506**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~GREEN, HERMAN
16870 SILVER OAK CIRCLE
DELRAY BEACH FL 33445~~

**JAY FELNER
4182 LIVE OAK
DELRAY BEACH, FL 33445**

Name **JAY FELNER**
Street Address (P.O. Box Number is Not Acceptable)

4182 LIVE OAK BLVD

City **DELRAY BEACH**

FL

Zip Code

33445

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

Jay Felner

9-15-03

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
After September 10, 2003, min will be \$236.25

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

TITLE **D**
NAME **GREEN, HERMAN**
STREET ADDRESS **16870 SILVER OAK CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

☒ Delete

TITLE **D**
NAME **GREEN, ARONA**
STREET ADDRESS **16870 SILVER OAK CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

☒ Delete

TITLE **D**
NAME **GREEN, WILLIAM D**
STREET ADDRESS **24 WEDGEWOOD DR**
CITY-ST-ZIP **MONTVILLE NJ 07045**

☒ Delete

TITLE **JAY FELNER**
NAME **JAY FELNER**
STREET ADDRESS **4182 LIVE OAK BLVD**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **JAY FELNER PRES. DIRECTOR**
NAME **JAY FELNER**
STREET ADDRESS **4182 LIVE OAK BLVD**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PRESIDENT**
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 like employment.

SIGNATURE:

SIGNATURE REQUIRED

1-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)