

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000945

1. Entity Name

M.A.D. DADS OF GREATER DELRAY BEACH, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90095 010 \*\*\*\*61.25

Principal Place of Business

141 SW 12TH AVE  
DELRAY BEACH FL 33444

Mailing Address

101 S.E. 6TH AVENUE  
SUITE B  
DELRAY BEACH FL 33483-5261

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0424874

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

MANNING, MICHAEL  
101 S.E. 6TH AVENUE  
SUITE B  
DELRAY BEACH FL 33483

## 7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME ED  
STREET ADDRESS RIDLEY, CHARLES F  
CITY-ST-ZIP 137 SW 12TH AVE  
DELRAY BCH. FL 33444

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS WILLIAMS, AL  
CITY-ST-ZIP 734 E. CHATELAINE BLVD.  
DELRAY BCH. FL 33445

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS BUTLER, LULA  
CITY-ST-ZIP 100 NW 1ST AVE  
DELRAY BEACH FL 33444

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS WRIGHT, MICHAEL  
CITY-ST-ZIP 300 WEST ATLANTIC AVENUE  
DELRAY BCH. FL 33444

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS MANNING, P. MICHAEL  
CITY-ST-ZIP 101 S.E. 6TH AVE., STE. B  
DELRAY BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-00 276-6755

CR2E037 (9/99)