

2002 UNIFORM BUSINESS REPORT (UBR)

4/1/

FILED
May 21, 2002 8:00 am
Secretary of State

04-01-2002 90161 023 ****70.00

DOCUMENT # N92000000945

1. Entity Name

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

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

28673



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0424874

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

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

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	ED	<input type="checkbox"/> Delete
NAME	RIDLEY, CHARLES F	DIRECTOR
STREET ADDRESS	137 SW 12TH AVE	
CITY-ST-ZIP	DELRAY BCH. FL 33444	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, AL	
STREET ADDRESS	734 E. CHATELAINE BLVD.	
CITY-ST-ZIP	DELRAY BCH. FL 33445	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, LULA	
STREET ADDRESS	100 NW 1ST AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANNING, P. MICHAEL	DIRECTOR
STREET ADDRESS	101 S.E. 6TH AVE., STE. B	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CO-CHAIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICK SEYMOUR	DIRECTOR
STREET ADDRESS	1000 N. DIXIE HWY.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	CO-CHAIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAJOR WILL MCCOLLUM	DIRECTOR
STREET ADDRESS	300 W. ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
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 like empowered.

SIGNATURE:

SIGNATURE: *CHUCK RIDLEY* CHUCK RIDLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/01/02

CR2E037 (9/01)