

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000910

1. Entity Name

DELRAY BEACH SISTER CITIES COMMITTEE, INC.

R

FILED

Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90016 039 ****70.00

Principal Place of Business

100 N.W. 1ST AVE.
DELRAY BEACH FL 33444

Mailing Address

100 N.W. 1ST AVE.
DELRAY BEACH FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0475203

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHMIDT, DAVID W
100 N.E. 5TH AVE.
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name Charlotte G. Durante

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

600 N. Congress Ave Suite 560

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.

SIGNATURE  President

9-9-00

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 13, 2000 min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, DAVID W	
STREET ADDRESS	64 S.E. 5TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILSHER, WILLIAM	
STREET ADDRESS	64 S.E. 5TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DURANTE, CHARLOTTE	
STREET ADDRESS	64 S.E. 5TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSENSWEIG, LARRY	
STREET ADDRESS	64 S.E. 5TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Durante, Charlotte G.	
STREET ADDRESS	600 N. Congress Ave Suite 560	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ned Gusty	
STREET ADDRESS	100 NW 1st Ave	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Perlman	
STREET ADDRESS	100 NW 1st 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		
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:  President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-00 561-271-4545

Date

Daytime Phone #

CR2E037 (5/00)