

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005062

1. Entity Name

ROOSEVELT ESTATE ASSOCIATION, INC.



FILED
Jun 21, 2000 8:00 am
Secretary of State

06-21-2000 90001 015 ****66.25

Principal Place of Business: 1472 N MANGONIA DR, 1501 AUG. AVE, W. PALM BCH. FL 33401, US
 Mailing Address: 1472 N. MARSONIA DR, W. PALM BCH. FL 33401



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: 65-0780097
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILLIAMS, JACQUELYN L
 1409 13TH ST.
 WEST PALM BEACH FL 34401

7. Name and Address of New Registered Agent
 Name: *Jacquelyn L. Williams*
 Street Address (P.O. Box Number is Not Acceptable): *1409-1357*
 City: *West Palm Beach*, FL, Zip Code: *33401*

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: _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P BETHEL, OLIVIA 2 1472 N. MANGONIA DRIVE WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, EARL 1408 13TH STREET WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, GLORIA 1301 NORTH MANGONIA DR. WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAWKINS, ORA 1310 13TH STREET W. PALM BCH. FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMP, MARIA A 1342 13TH STREET WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, VICKIE 1510 NORTH MANGONIA CIRCLE WEST PALM BEACH FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *Olivia Bethel* 4/24-2000 561 8330718
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #