

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005062

1. Entity Name

ROOSEVELT ESTATE ASSOCIATION, INC.

(R)

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

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

Principal Place of Business

Mailing Address

1472 N MANGONIA DR
1501 AUG. AVE.
W. PALM BCH. FL 33401
US

1472 N. MARSONIA DR.
W. PALM BCH. FL 33401

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

65-0780097

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

WILLIAMS, JACQUELYN L
1409 13TH ST.
WEST PALM BEACH FL 34401

Jacquelyn L. Williams
Street Address (P.O. Box Number is Not Acceptable)
1409-1357
West Palm Beach
City *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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BETHEL, OLIVIA 2**
CITY-ST-ZIP **1472 N. MANGONIA DRIVE**
WEST PALM BEACH FL 33401

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COBB, EARL**
CITY-ST-ZIP **1408 13TH STREET**
WEST PALM BEACH FL 33401

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **WILSON, GLORIA**
CITY-ST-ZIP **1301 NORTH MANGONIA DR.**
WEST PALM BEACH FL 33401

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HAWKINS, ORA**
CITY-ST-ZIP **1310 13TH STREET**
W. PALM BCH. FL 33401

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KEMP, MARIA A**
CITY-ST-ZIP **1342 13TH STREET**
WEST PALM BEACH FL 33401

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HARRIS, VICKIE**
CITY-ST-ZIP **1510 NORTH MANGONIA CIRCLE**
WEST PALM BEACH FL

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:

Olivia Bethel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24-2000

561
8330718
Date Daytime Phone #