

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90075 041 ****61.25

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1. Entity Name

ROOSEVELT ESTATE ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

1472 N. MARSONIA DR. *ms spelled*
W. PALM BCH. FL 33401
1472 North Mangonia Drive

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

EBANKS, CYNTHIA
1429 N MANGOIA CIR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **Gloria G. Smith**
Street Address (P.O. Box Number is Not Acceptable)
1506 North Mangonia Drive
West Palm Beach FL
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gloria G. Smith

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07/18/03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BETHEL, OLIVIA 2	
STREET ADDRESS	1472 N. MANGONIA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EBANKS, CYNTHIA	
STREET ADDRESS	1429 N MANGONIA CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILSON, GLORIA	
STREET ADDRESS	1301 NORTH MANGONIA DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAWKINS, ORA	
STREET ADDRESS	1310 13TH STREET	
CITY-ST-ZIP	W. PALM BCH. FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEMP, MARIA A	
STREET ADDRESS	1342 13TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, VICKIE	
STREET ADDRESS	1510 NORTH MANGONIA CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria G. Smith	
STREET ADDRESS	1506 North Mangonia Circle	
CITY-ST-ZIP	West Palm Beach FL 33401	
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		
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:

Gloria G. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/03 561-8330718

CR2E037 (4/03)