

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001364

1. Entity Name

THE WEST ATLANTIC REDEVELOPMENT COALITION, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90061 005 ****61.25

Principal Place of Business

Mailing Address

24 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

24 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444-2632

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0863751

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROWN, CHRISTOPHER J
24 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

Name

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

City

FL

Zip Code

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 PD ☐ Delete
NAME SHULER, JAMES LAMAR
STREET ADDRESS 606 WEST ATLANTIC AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33444

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

TITLE D ☐ Delete
NAME WEATHERSPOON, JIMMY
STREET ADDRESS 130 NW 8TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33444

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

TITLE SD ☒ Delete
NAME WESLEY, ELIZABETH
STREET ADDRESS 309 LINCOLN LANE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE SD ☐ Change ☒ Addition
NAME BURTON, RUBY
STREET ADDRESS 400 WEST ATLANTIC AVE. #2C
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE TD ☐ Delete
NAME MASO, GEORGE
STREET ADDRESS P O BOX 7006 N/A
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1050 DOTTEREL RD. #408
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE VPD ☐ Delete
NAME SHEPHERD, THOMAS FATHER
STREET ADDRESS 404 SW 3RD ST
CITY-ST-ZIP DELRAY BEACH FL 33444

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/99