

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90031 048 ****61.25

0053339

DOCUMENT # N96000001364

1. Entity Name

THE WEST ATLANTIC REDEVELOPMENT COALITION, INC.

Principal Place of Business

**24 NORTH SWINTON AVENUE
 DELRAY BEACH FL 33444**

Mailing Address

**24 NORTH SWINTON AVENUE
 DELRAY BEACH FL 33444**

2. Principal Place of Business

104 W. Atlantic Ave
 Suite, Apt. #, etc.

3. Mailing Address

104 W Atlantic Ave
 Suite, Apt. #, etc.

City & State

DeLray Beach, FL
 Zip Country

33444

City & State

DeLray Beach, FL
 Zip Country

33444

4. FEI Number

65-0863751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Diane Dominguez

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

104 W. Atlantic Ave

City

DeLray Beach

FL

Zip Code

33444

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

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

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

TITLE **SD** ☐ Delete
 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 **1050 DOTTEREL RD 408**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)