

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90114 049 ****61.25

DOCUMENT # N96000001364

1. Entity Name

THE WEST ATLANTIC REDEVELOPMENT COALITION, INC.



Principal Place of Business

**104 W ATLANTIC AVE
DELRAY BEACH FL 33444**

Mailing Address

**104 W ATLANTIC AVE
DELRAY BEACH FL 33444**

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 **65-0863751**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOMINGUEZ, DIANE
104 W ATLANTIC AV
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name

Diane Colonna

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: ☒ Change ☒ Addition
NAME: **Director**
STREET ADDRESS: **Norbert Pol**
CITY-ST-ZIP: **104 W. Atlantic Ave**

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

SIGNATURE REQUIRED

Director

CR2E037 (10/02)