

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90024 004 \*\*\*\*61.25

**DOCUMENT # N96000004249**

1. Entity Name

**PALM BEACH COUNTY WORKFORCE DEVELOPMENT BOARD, I**

Principal Place of Business

Mailing Address

2051 MARTIN LUTHER KING JR  
 SUITE 302  
 RIVIERA BEACH FL 33404  
 US

2051 MARTIN LUTHER KING JR  
 SUITE 302  
 RIVIERA BEACH FL 33404-7001  
 US

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

**65-0709274**

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

**FINLEY, CHANDLER R**  
**FINLEY & ASSOCIATES, P.A.**  
**1645 PALM BEACH LAKES BLVD., #520**  
**WEST PALM BEACH FL 33401**

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	DC	<input type="checkbox"/> Delete
NAME	LUHRSEN, DAVID DR	
STREET ADDRESS	7624 DOUBLETON DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRUITT, WILLIAM E	
STREET ADDRESS	505 S. FLAGLER DR. #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILLIAMS, JUAN J	
STREET ADDRESS	1525-A PROSPERITY FARMS ROAD	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	DT	<input type="checkbox"/> Delete
NAME	EWING, DALE	
STREET ADDRESS	4620 SUMMIT BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	DED	<input type="checkbox"/> Delete
NAME	MONTGOMERY, KENNETH E	
STREET ADDRESS	600 S DIXIE HWY	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2F037 (9/99)