

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004794

1. Entity Name

DELRAY BEACH LITERARY SOCIETY, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90012 027 ****61.25

Principal Place of Business

Mailing Address

C/O NORTHERN TRUST BANK
770 E ATLANTIC AVE
DELRAY BEACH FL 33483

C/O NORTHERN TRUST BANK
770 E ATLANTIC AVE
DELRAY BEACH FL 33483-5328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0713116

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

SACHER, CHARLES P
2655 LEJEUNE RD
SUITE 1101
CORAL GABLES FL 33134

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 COVINO, WILLIAM DR
STREET ADDRESS FAU 777 GLADES ROAD
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE VD ☒ Delete
NAME MCCORMICK, BERNARD
STREET ADDRESS 800 E BROWARD BLVD SUITE 506
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE VD ☒ Change ☐ Addition
NAME TOM OLIVERI
STREET ADDRESS 770 E. ATLANTIC AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE 2VD ☒ Delete
NAME DSURNEY, SUSAN E
STREET ADDRESS 770 E ATLANTIC AVE
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE 2VD ☒ Change ☐ Addition
NAME PERRY BROWN
STREET ADDRESS 770 E. ATLANTIC AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE STD ☒ Delete
NAME EZZES, JUDY
STREET ADDRESS 770 E ATLANTIC AVE
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE STD ☒ Change ☐ Addition
NAME JILL LUCKETT
STREET ADDRESS 770 E. ATLANTIC AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/00 (501) 878-1300

CR2E037 (9/99)