

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004794

1. Entity Name

DELRAY BEACH LITERARY SOCIETY, INC.

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90023 023 ****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

00000000



DO NOT WRITE IN THIS SPACE

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

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

TITLE VD
NAME OLIVERI, TOM
STREET ADDRESS 770 E ATLANTIC AVE
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

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

TITLE 2VD
NAME BROWN, PERRY
STREET ADDRESS 770 E ATLANTIC AVE
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

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

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

TITLE STD
NAME GOFFE, SHARON
STREET ADDRESS 770 EAST ATLANTIC AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33483 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 Sharon L. Goffe

02/13/02 561-278-1300

CR2E037 (9/01)