

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2000 8:00 am
Secretary of State

02-22-2000 90053 004 ****61.25

DOCUMENT # N97000001878

1. Entity Name

WEST PALM BEACH GREEN MARKET, INC.

Principal Place of Business

200 2ND STREET
P.O. BOX 3366
W PALM BEACH FL 33402

Mailing Address

200 2ND STREET
P.O. BOX 3366
W PALM BEACH FL 33402-3366

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0758589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, NANCY
200 2ND STREET
CITY HALL MAYOR'S OFFICE
W PALM BEACH FL 33402

Name Joel T. Daves

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

200 2nd Street

City Hall Mayor's Office

City

West Palm Beach,

FL

Zip Code
33401

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 D ☐ Delete
NAME DAVES, DARDEN
STREET ADDRESS 200 2ND STREET
CITY-ST-ZIP W PALM BEACH FL 33402

TITLE D ☐ Delete
NAME MCGREGOR, S J
STREET ADDRESS 200 2ND STREET
CITY-ST-ZIP W PALM BEACH FL 33402

TITLE D ☐ Delete
NAME Ileane Kaufman
STREET ADDRESS 200-2nd Street, West Palm beach
CITY-ST-ZIP 33402

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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 #

2/4/00