

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004151

1. Entity Name

CITIZEN'S ASSOCIATION OF FLAGLER DRIVE, INC.

Principal Place of Business

ROBERT HANNA  
502 PALM STREET, SUITE 20  
WEST PALM BEACH FL 33401

Mailing Address

ROBERT HANNA  
502 PALM STREET, SUITE 20  
WEST PALM BEACH FL 33401

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

65-0767604

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

HANNA, ROBERT  
502 PALM STREET  
SUITE 20  
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 PD ☐ Delete  
NAME HANNA, ROBERT  
STREET ADDRESS 502 PALM STREET SUITE 20  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE DV ☐ Delete  
NAME HARRINGTON, FRANK  
STREET ADDRESS 525 SOUTH FLAGLER DR  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE DS ☒ Delete  
NAME KELLEY, GLORIA D  
STREET ADDRESS 400 N FLAGLER DR  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE DS ☒ Change ☐ Addition  
NAME JOHNSON, ALICE  
STREET ADDRESS 400 N Flagler Dr  
CITY-ST-ZIP West Palm Beach FL 33401

TITLE DT ☐ Delete  
NAME SCHOLES, DOUGLAS  
STREET ADDRESS 502 PALM STREET #20  
CITY-ST-ZIP WEST PALM BEACH FL

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

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

4/28/2001 861 832 5700  
Date Daytime Phone #

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90075 035 \*\*\*\*61.25

80044102



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)