

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005646

1. Entity Name

THE EDGE CENTER, INC.

Principal Place of Business

2976 STATE ROAD 15  
BELLE GLADE FL 33430

Mailing Address

P O BOX 793  
BELLE GLADE FL 33430-0793  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SEIBERT, CARL  
2976 STATE ROAD 15  
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent

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

TITLE D  
NAME BERRY, ESTHER E ☐ Delete  
STREET ADDRESS 210 SOUTHWEST 12TH AVENUE  
CITY-ST-ZIP SOUTH BAY FL 33493

TITLE DC  
NAME MCMAHON, PAT ☐ Delete  
STREET ADDRESS 1977 COLLEGE DRIVE  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE DVC  
NAME ASIA-WILLIAMS, GWENDOLYN ☒ Delete  
STREET ADDRESS 1901 NORTHWEST 16TH STREET  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE S  
NAME THOMPSON, ALICE ☐ Delete  
STREET ADDRESS 115 E MAIN STREET  
CITY-ST-ZIP PAHOKEE FL 33430

TITLE DT  
NAME PENUEL, DANIELLE ☒ Delete  
STREET ADDRESS 540 S. MAIN ST.  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE D  
NAME LOHMANN, BRIAN ☒ Delete  
STREET ADDRESS 1109 N E 2ND STREET  
CITY-ST-ZIP BELLE GLADE FL 33430

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 DS ☐ Change ☒ Addition  
NAME Betty Boyer  
STREET ADDRESS 1057 E. CANAL ST. NORTH  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE DVC ☐ Change ☐ Addition  
NAME Alice Thompson  
STREET ADDRESS 115 E. Main St.  
CITY-ST-ZIP Pahokee, FL 33476

TITLE DT ☐ Change ☒ Addition  
NAME DOUGLAS GREEN  
STREET ADDRESS 557 SW 16th St.  
CITY-ST-ZIP Belle Glade, FL 33430

TITLE D ☐ Change ☒ Addition  
NAME REGGIE O'CONNOR  
STREET ADDRESS 2051 MLK, JR. BLVD.  
CITY-ST-ZIP RIVIERA BEACH, FL 33404

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 689, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SEIBERT 4-26-00 561-993-3343

CR2E037 (9/99)