

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90091 032 \*\*\*\*\*61.25

0051758

**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 33430-793  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0748794**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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	<input checked="" type="checkbox"/> Delete
NAME	BERRY, ESTHER E	
STREET ADDRESS	210 SOUTHWEST 12TH AVENUE	
CITY-ST-ZIP	SOUTH BAY FL 33493	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MCMAHON, PAT	
STREET ADDRESS	1977 COLLEGE DRIVE	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	DVC	<input checked="" type="checkbox"/> Delete
NAME	ASIA-WILLIAMS, GWENDOLYN	
STREET ADDRESS	1901 NORTHWEST 16TH STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, ALICE	
STREET ADDRESS	115 E MAIN STREET	
CITY-ST-ZIP	PAHOKEE FL 33430	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PENUEL, DANIELLE	
STREET ADDRESS	540 S. MAIN ST.	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOHMANN, BRIAN	
STREET ADDRESS	1109 N E 2ND STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL SEIBERT	
STREET ADDRESS	241 W. AVE. A	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY BOYER	
STREET ADDRESS	P.O. Box 2465/241 W. AVE. A	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS GREEN	
STREET ADDRESS	557 SW 16TH ST.	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH H. CAYSON	
STREET ADDRESS	1500 A NW AVE. L	
CITY-ST-ZIP	Belle Glade, FL 33430	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARL SEIBERT**  
**EXEC. DIR.**

**4/20/01**

Date

**561 993-3343**

Daytime Phone #

CR2E037 (10/00)