

2002 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 33430-793
US**

2. Principal Place of Business

241 W. AVE. A

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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)

241 W. AVENUE A

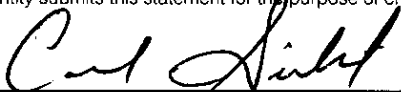
City

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

**CARL SEIBERT - DIRECTOR 1-8-2002**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 type="checkbox"/> Delete
NAME	SEIBERT, CARL	
STREET ADDRESS	241 W AVENUE A	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE	DC	<input type="checkbox"/> Delete
NAME	MCMAHON, PAT	
STREET ADDRESS	1977 COLLEGE DRIVE	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE	DS	<input type="checkbox"/> Delete
NAME	BOYER, BETTY	
STREET ADDRESS	P.O. BOX 2465 241 W AVENUE A	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE	DT	<input type="checkbox"/> Delete
NAME	GREEN, DOUGLAS	
STREET ADDRESS	557 SW 16TH ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE	DVC	<input type="checkbox"/> Delete
NAME	CAYSON, ELIZABETH H	
STREET ADDRESS	1500 A NW AVENUE L	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXEC. DIR.

CARL SEIBERT 1-8-2002 (561) 993-3343

Date

Daytime Phone #

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90207 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)