

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-11-2002 90015 050 ****61.25

DOCUMENT # N97000005991

1. Entity Name

BOYNTON OCEAN DISTRICT ASSOCIATION, INC.

Principal Place of Business

**618 E OCEAN AVE
 BOYNTON BEACH FL 33435
 US**

Mailing Address

**618 EAST OCEAN AVENUE
 BOYNTON BEACH FL 33435**

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

65-0798446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RAU, RANDY
 618 EAST OCEAN AVENUE
 BOYNTON BEACH FL 33435**

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 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
**FOOT, VIRGINIA
 638 EAST OCEAN AVENUE
 BOYNTON BEACH FL 33435**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
**VPD
 FRANCIS, CHRISTINE
 115 S FEDERAL
 BOYNTON BEACH FL 33435**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
**T
 RAU, RANDY
 618 E OCEAN AVE
 BOYNTON BEACH FL 33435**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 CONTI, KRISTEN
 532 EAST OCEAN AVENUE
 BOYNTON BEACH FL 33435**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 LEWKOWICZ, MAURY
 640 EAST OCEAN AVENUE
 BOYNTON BEACH FL 33435**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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

Randy Rau

3/27/02

561 732 3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)