

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002687

1. Entity Name

WESTERN COMMUNITY TAE KWON DO FUND, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90015 019 ****70.00

Principal Place of Business

Mailing Address

1088 GRANDVIEW CIRCLE
ROYAL PALM BEACH FL 33411

1088 GRANDVIEW CIRCLE
ROYAL PALM BEACH FL 33411-4003

2. Principal Place of Business

12923 73rd Court N

3. Mailing Address

P.O. Box 211333

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH FL

City & State

Royal Palm Beach, FL

4. FEI Number

65-0834347

Applied For

Not Applicable

Zip

33412

Country

USA

Zip

33421

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YONAITIS, RAYMOND
1088 GRANDVIEW CIRCLE
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name STEVEN L. DEFALCO

Street Address (P.O. Box Number is Not Acceptable)

12923 73rd Court N

City WEST PALM BEACH

FL

Zip Code 33412

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: *Steven L. Defalco* President & Registered Agent 2-22-00
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	PD	<input checked="" type="checkbox"/> Delete
NAME	YONAITIS, RAYMOND	
STREET ADDRESS	1088 GRANDVIEW CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEFALCO, STEVEN L	
STREET ADDRESS	12923 73RD COURT N	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ORTIZ, EDWIN	
STREET ADDRESS	128 SEVILLE AVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SLATER, JAMES H	
STREET ADDRESS	11579 SUNSET BLVD.	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEECHER, SIMON	
STREET ADDRESS	6711 BANYON BLVD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHAFFER, PAULA	
STREET ADDRESS	3584 MOONBAY CIR.	
CITY-ST-ZIP	WELLINGTON FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT + DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN ALLONGO	
STREET ADDRESS	13005 SOUTHERN BLVD, SUITE 241	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	PRESIDENT + DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFALCO, STEVEN L	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT + DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY VOREN	
STREET ADDRESS	1538 E ROAD	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	TREASURER + DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA REYES	
STREET ADDRESS	109 CYPRESS LANE	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
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: *Steven L. Defalco* President 2-22-00 561 791 9942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037(9/99)