

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004416

1. Entity Name

PALM BEACH - TREASURE COAST ASSOCIATION OF REALT

**FILED**  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90051 026 \*\*\*\*61.25

Principal Place of Business

C/O REALTY WORK GROUP  
3111 SOUTH DIXIE HIGHWAY, #222-48  
WEST PALM BEACH FL 33405-1548

Mailing Address

C/O REALTY WORK GROUP  
3111 SOUTH DIXIE HIGHWAY, #222-48  
WEST PALM BEACH FL 33405-1557

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

931 Village Blvd.

#905 - PMB 287

WEST PALM BEACH FL

FL 33409

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0877736

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOMLINSON, VERONICA  
C/O AQUA REALTY & INVESTMENT, INC.  
7800 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33405

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 IPD  
STREET ADDRESS SIMPSON-WRAY, SHIRLEY  
CITY-ST-ZIP 3111 S DIXIE HWY #222-48  
WEST PALM BEACH FL 33405 ☐ Delete

TITLE NAME TD  
STREET ADDRESS GREENE, OLIVER  
CITY-ST-ZIP 1241 W THIRD ST  
RIVIERA BCH FL 33419 ☐ Delete

TITLE NAME SD  
STREET ADDRESS COURSEY, YVETTE  
CITY-ST-ZIP 3823 AUSTRALIAN CT  
WEST PALM BEACH FL 33407 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
none

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
none

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
none

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

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

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

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:

SHIRLEY SIMPSON-WRAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CS 1017 (9/99)