

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90687 029 ****70.00

DOCUMENT # N99000001265

1. Entity Name

STORM OF '28 MEMORIAL PARK COALITION, INC.



Principal Place of Business

**1607 40TH STREET, #16NE
WEST PALM BEACH FL 33407**

Mailing Address

**POST OFFICE BOX 2186
WEST PALM BEACH FL 33402**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0904175**

☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAZARD, ROBERT
107 EAST TIFFANY DRIVE, SUITE #3
WEST PALM BEACH FL 33407**

Name **ROBERT HAZARD**

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

1607 40TH STREET

WEST PALM BEACH

City

FL

Zip Code
33407

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROBERT HAZARD PRESIDENT**

Robert Hazard

04/07/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HAZARD, ROBERT**
STREET ADDRESS **1607 40TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☐ Change ☒ Addition
NAME **MS. VERA FARRINGTON**
STREET ADDRESS **310 NW 2ND AVENUE**
CITY-ST-ZIP **DELRAY BEACH, FL. 33444**

TITLE **PD** ☐ Delete
NAME **STROMAN, JOHN**
STREET ADDRESS **634 15TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ Change ☒ Addition
NAME **MR. PAUL DUMARES**
STREET ADDRESS **3301 GUN CLUB ROAD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33416**

TITLE **D** ☐ Delete
NAME **HOLLAND, WILLIAM M JR.**
STREET ADDRESS **520 17TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☐ Change ☐ Addition
NAME **MR. BARRY KRISCHER**
STREET ADDRESS **401 NORTH DIXIE HWY.**
CITY-ST-ZIP **WEST PALM BEACH, FL. 33401**

TITLE **T** ☒ Delete
NAME **DRAYTON, JAMES**
STREET ADDRESS **506 NORTHWOOD AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☒ Addition
NAME **MS. EVEREE JIMERSON CLARKE**
STREET ADDRESS **2117 NORTH DIXIE HWY.**
CITY-ST-ZIP **WEST PALM BEACH, FL. 33401**

TITLE **D** ☐ Delete
NAME **IRWIN, JOHN**
STREET ADDRESS **2840 CYNTHIA LANE #11**
CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE **D** ☐ Delete
NAME **KRUZE, PRISCILLIA**
STREET ADDRESS **POST OFFICE BOX 570327**
CITY-ST-ZIP **MIAMI FL 33257-0327**

TITLE ☐ Change ☐ 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: **ROBERT HAZARD** *Robert Hazard* **4/7/03 (561) 881-8298**

CR2E037 (10/02)