

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003777

1. Entity Name

LODGE OF NOAH'S ARK OF DELRAY BEACH, CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90972 032 ****61.25

Principal Place of Business

2000 N DIXIE HIGHWAY #6
LAKE WORTH FL 33460

Mailing Address

2000 N DIXIE HIGHWAY #6
LAKE WORTH FL 33460-6244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0927883

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ST ELOI, RONY
2000 N DIXIE HIGHWAY #6
LAKE WORTH FL 33460

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	D	<input type="checkbox"/> Delete
NAME	ST ELOI, RONY	
STREET ADDRESS	2000 N DIXIE HIGHWAY #6	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMESMIN, JOSEPH P	
STREET ADDRESS	2751 NE 5TH COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST FORT, DENIS	
STREET ADDRESS	2000 N DIXIE HIGHWAY #6	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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:

Rony St Eloi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 (561) 373-1796

CF2E037 (9/99)