

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004027

1. Entity Name

DELRAY ROCKS YOUTH ORGANIZATION, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90304 024 ****61.25

Principal Place of Business

513 S.W. 6TH STREET
DELRAY BEACH FL 33444

Mailing Address

513 S.W. 6TH STREET
DELRAY BEACH FL 33444-2427

0004017J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

513 SW 6th St

Suite, Apt. #, etc.

3. Mailing Address

513 SW 6th St.

Suite, Apt. #, etc.

City & State

Delray Beach, Fla.

Zip

33444

Country

USA

City & State

Delray Beach, Fla.

Zip

33444

Country

USA

4. FEI Number

65-0932854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ZERLEAN

513 S.W. 6TH STREET

DELRAY BEACH FL 33444

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	D	<input type="checkbox"/> Delete
NAME	GREEN, ANN	
STREET ADDRESS	1101 N.W. 2ND STREET	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARD, BEN	
STREET ADDRESS	391 N.E. 27TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, DEBBIE	
STREET ADDRESS	527 N.W. 10TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ZERLEAN	
STREET ADDRESS	513 S.W. 6TH STREET	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRENKEL, KATHY	
STREET ADDRESS	5197 PALMRIDGE BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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 of 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)