

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N99000004027

1. Entity Name

DELRAY ROCKS YOUTH ORGANIZATION, INC.

Principal Place of Business

Mailing Address

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

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

0004017J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

513 SW 6th St
 Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

WILLIAMS, ZERLEAN
 513 S.W. 6TH STREET
 DELRAY BEACH FL 33444

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|---------------------------------|
| 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 | | |

| | | |
|----------------|---------------------------------|-----------------------------------|
| 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 | | |
| 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)(l), 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:

Signature
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/2000

Date

561-274-0823

Daytime Phone #

CF2E037 (9/99)