

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90370 034 ****70.00

DOCUMENT # N99000004901

1. Entity Name

DELRAY BUSINESS ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~325 N.E. 3RD AVE~~
~~DELRAY BEACH FL 33444~~

4498 NW 26 AVE
 BOCA RATON FL 33434

40 STANGER Wellness Center

2. Principal Place of Business

14838 So. Military Trail

3. Mailing Address

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

4. FEI Number

65-0235855

Applied For

Not Applicable

Zip

33484

Country

USA

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

MANUS, BARBARA
4498 NW 26 AVE
BOCA RATON FL 33434

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

SIGNATURE Barbara Manus
 Signature, typed or printed name of registered agent and title if applicable.

Treasurer/Director
 (NOTE: Registered Agent signature required when reinstating)

6/30/02
 DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 **PD** ☐ Delete
 NAME **GLANTZ, LLOYD**
 STREET ADDRESS **14838 S MILITARY TRAIL**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

TITLE **SD** ☐ Delete
 NAME **EVANS, FRANCINE**
 STREET ADDRESS **5300 W ATLANTIC AVE 2ND FLOOR**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

TITLE **TD** ☐ Delete
 NAME **MANUS, BARBARA**
 STREET ADDRESS **4498 NW 26 AVE**
 CITY-ST-ZIP **BOCA RATON FL 33434**

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

TITLE **VPD** ☐ Delete
 NAME **SHEFSKY, DAVE**
 STREET ADDRESS **1050 S FED HWY 143**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

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

TITLE **D** ☒ Delete
 NAME **SOUTHWORTH, PAT**
 STREET ADDRESS **777 E ATLANTIC AVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Change ☒ Addition
 NAME **D-Programming**
 STREET ADDRESS **Corinne Braverman**
 CITY-ST-ZIP **701 W. Cypress Creek Rd. #300**
Ft. Lauderdale FL 33309

TITLE **D** ☐ Delete
 NAME **EASTMAN, JOHN ESQ.**
 STREET ADDRESS **138 PALMETTO PARK RD**
 CITY-ST-ZIP **BOCA RATON FL 33432**

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: Barbara Manus **SIGNATURE REQUIRED**

6/30/02

CR2E037 (4/02)

Attachment
N99000004901
119378

This is the 1st
form I have need
this year for
filing.
Encl. is ok &
proper form.
Thank you,
B. Martin
SLC-957-4073