

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006938

1. Entity Name

LOCAL 767 HOLDING CONCERN, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90018 047 ****61.25

Principal Place of Business

Mailing Address

2539 OLD OKEECHOBEE RD., STE. 1
WEST PALM BEACH FL 33409

2539 OLD OKEECHOBEE RD., STE. 1
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

STEVENS, KENNETH M
2539 OLD OKEECHOBEE RD., STE. #2
WEST PALM BEACH FL 33409

Name

MATTHEWS, TOM

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

2539 OLD OKEECHOBEE RD., STE. 1

City

WEST PALM BEACH

FL

Zip Code
33409

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

Thomas K. Matthews

2-23-00

(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 PD ☒ Delete
NAME STEVENSON, KENNETH M
STREET ADDRESS 3819 EASTVIEW AVE.
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE PD ☒ Change ☒ Addition
NAME MATTHEWS, TOM
STREET ADDRESS 2539 OLD OKEECHOBEE RD., SUITE #2
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE TD ☐ Delete
NAME LAWRENCE, DAVE JR.
STREET ADDRESS P.O. BOX 4222
CITY-ST-ZIP WEST PALM BEACH FL 33402

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

TITLE SD ☐ Delete
NAME SHAW, PAUL
STREET ADDRESS 16115 63RD RD. NORTH
CITY-ST-ZIP LOXAHATCHEE FL 33470

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

TITLE VD ☐ Delete
NAME WILSON, ULYSIS
STREET ADDRESS 256 W. 27TH ST.
CITY-ST-ZIP RIVIERA BEACH FL 33407

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

TITLE D ☐ Delete
NAME PINDER, HOWARD
STREET ADDRESS 150 N.E. 18TH AVE.
CITY-ST-ZIP BOYNTON BEACH FL 33435

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Thomas K. Matthews* THOMAS K. MATTHEWS 2-23-00 (561) 689-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)