

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 2539 OLD OKEECHOBEE RD., STE. 1 WEST PALM BEACH FL 33409	Mailing Address 2539 OLD OKEECHOBEE RD., STE. 1 WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEVENSON, KENNETH M	
STREET ADDRESS	3819 EASTVIEW AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAWRENCE, DAVE JR.	
STREET ADDRESS	P.O. BOX 4222	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHAW, PAUL	
STREET ADDRESS	16115 63RD RD. NORTH	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, ULYSIS	
STREET ADDRESS	256 W. 27TH ST.	
CITY-ST-ZIP	RIVIERA BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINDER, HOWARD	
STREET ADDRESS	150 N.E. 18TH AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEWS, TOM	
STREET ADDRESS	2539 OLD OKEECHOBEE RD., SUITE #2	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
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)(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)