

2001 UNIFORM BUSINESS REPORT (UBR)

0313024

DOCUMENT # P00000013699

1. Entity Name
DEVELOPMENT CORPORATION OF PALM BEACH

Principal Place of Business
3333 S. CONGRESS AVENUE
DELRAY BEACH FL 33445

Mailing Address
3333 S. CONGRESS AVENUE
DELRAY BEACH FL 33445

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
65-1009442

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

SCARDINA, CHARLES
3333 S. CONGRESS AVENUE
DELRAY BEACH FL 33445

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.

(NOT

Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW: FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
SCARDINA, CHARLES
STREET ADDRESS
3333 S. CONGRESS AVENUE
CITY-ST-ZIP
DELRAY BEACH FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004314998
--05/24/01--01042--011
****650.00 ****150.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP

13. 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, R DIRECTOR

Charles SCARDINA 4/10/01 243-3900

Date

Daytime Phone #

FILED

01 MAY -7 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)