

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25074

1. Entity Name

DELRAY INTRACOASTAL CORP.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90006 042 \*\*\*150.00

Principal Place of Business

Mailing Address

800 2ND AVENUE  
DES MOINES IA 50309

800 2ND AVENUE  
DES MOINES IA 50309-1312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1201836

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	WEITZ, FRED W	
STREET ADDRESS	800 SECOND AVE	
CITY-ST-ZIP	DES MOINES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEITZ, STEVENSON	
STREET ADDRESS	800 SECOND AVE	
CITY-ST-ZIP	DES MOINES IO 50309	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRIEVE, LISA D	
STREET ADDRESS	800 SECOND AVENUE	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEITZ, FRED W	
STREET ADDRESS	1245 BROWNS WOODS DR	
CITY-ST-ZIP	DES MOINES IA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weitz, Fred W.	
STREET ADDRESS	800 Second Avenue	
CITY-ST-ZIP	Des Moines, IA 50309	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weitz, Stevenson	
STREET ADDRESS	800 Second Avenue	
CITY-ST-ZIP	Des Moines, IA 50309	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grieve, Lisa D.	
STREET ADDRESS	800 Second Avenue	
CITY-ST-ZIP	Des Moines, IA 50309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weitz, Fred B.	
STREET ADDRESS	800 Second Avenue	
CITY-ST-ZIP	Des Moines, IA 50309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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 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:

*Lisa D. Grieve* Secretary/Treasurer

2-2-00

515-245-7620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)