

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90347 047 \*\*\*150.00

**DOCUMENT # P25074**

1. Entity Name

**DELRAY INTRACOASTAL CORP.**

Principal Place of Business

**800 2ND AVENUE  
 DES MOINES IA 50309**

Mailing Address

**800 2ND AVENUE  
 DES MOINES IA 50309**

2. Principal Place of Business

**400 Locust St**

Suite, Apt. #, etc.

**Ste 830**

City & State

**Des Moines IA**

Zip

**50309-2334**

Country

**USA**

3. Mailing Address

**400 Locust St**

Suite, Apt. #, etc.

**Ste 830**

City & State

**Des Moines IA**

Zip

**50309-2334**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**42-1201836**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **PD** ☐ Delete  
 NAME **WEITZ, FRED W**  
 STREET ADDRESS **800 SECOND AVE**  
 CITY-ST-ZIP **DES MOINES IA 50309**

TITLE **D** ☐ Delete  
 NAME **WEITZ, STEVENSON**  
 STREET ADDRESS **800 SECOND AVE**  
 CITY-ST-ZIP **DES MOINES IO 50309**

TITLE **ST** ☐ Delete  
 NAME **GRIEVE, LISA D**  
 STREET ADDRESS **800 SECOND AVENUE**  
 CITY-ST-ZIP **DES MOINES IA 50309**

TITLE **D** ☐ Delete  
 NAME **WEITZ, FRED B**  
 STREET ADDRESS **800 SECOND AVE**  
 CITY-ST-ZIP **DES MOINES IA 50309**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Weitz, Fred W**  
 STREET ADDRESS **400 Locust St Ste 830**  
 CITY-ST-ZIP **Des Moines IA 50309-2334**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Weitz, Stevenson**  
 STREET ADDRESS **400 Locust St, Ste 830**  
 CITY-ST-ZIP **Des Moines IA 50309-2334**

TITLE **VP ST** ☒ Change ☐ Addition  
 NAME **Grieve, Lisa D**  
 STREET ADDRESS **400 Locust St, Ste 830**  
 CITY-ST-ZIP **Des Moines IA 50309-2334**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Weitz, Fred B**  
 STREET ADDRESS **400 Locust St, Ste 830**  
 CITY-ST-ZIP **Des Moines IA 50309-2334**

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

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

**1-18-02**

**(515) 875-4750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lisa D. Grieve**

**Vice President Secretary Treasurer**

Date

Daytime Phone #

CR2E034 (9/01)