## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 22, 2000 8:00 am Secretary of State OCUMENT # **P34443** Conway van der wolk limited co. 02-22-2000 90016 004 \*\*\*150.00 Mailing Address المرابية Place of Business 206 SEABREEZE AVE SEABREEZE AVE BEACH FL 33483 **DELRAY BEACH FL 33483-7022** 813647 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc 3<u>023</u> Applied For 4. FEI Number City & State 54-1568140 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VAN DER WOLK, PETER Street Address (P.O. Box Number is Not Acceptable) 2300 PGA BLVD PALM BEACH GARDENS FL 33410 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE TITLE ☐ Delete VAN DER WOLK, CONWAY NAME NAME STREET ADDRESS 206 SEABREAZE AVE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL CITY-ST-ZIP ☐ Change Delete TITLE Chorics JG Brown TITLE BROWN, CHARLES J. NAME NAME 3804 Tomacer Ru STREET ADDRESS STREET ADDRESS **141 BAY LN** CITY-ST-ZIP CENTERVILLE MA 02655 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE van der Wolk, Peter W. NAME STREET ADDRESS 206 SEABREEZE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY-BEACH-FL Addition Delete: TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP 13. I hereby certify that the information supplied with this filling 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: