

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031934

1. Entity Name

BCT DELRAY, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90039 020 ***550.00

Principal Place of Business

1395 SW 17TH AVE
DELRAY NORTH BUSINESS CENTER
DELRAY BCH FL 33445
US

Mailing Address

3000 N.E. 30TH PL
5TH FLOOR
FT. LAUDERDALE FL 33306
US

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

65-0405321

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

MACAULAY, ROBERT B
%OLLE, MACAULAY & ZORRILLA, P.A.
201 S. BISCAYNE BLVD., SUITE 1402
MIAMI FL 33131

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS WILKERSON, WILLIAM A
CITY-ST-ZIP 3000 N.E. 30TH PL., 5TH FLOOR
FT. LAUDERDALE FL 33306

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS GAUGHAN, PETER
CITY-ST-ZIP 3000 N.E. 30TH PL., 5TH Floor
FT. LAUDERDALE, FL 33306

TITLE ☐ Delete
NAME D
STREET ADDRESS LEVINE, BILL
CITY-ST-ZIP 3000 N.E. 30TH PL., 5TH FLOOR
FT. LAUDERDALE FL 33306

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

TITLE ☒ Delete
NAME P
STREET ADDRESS KAUFENBERG, JAMES
CITY-ST-ZIP 3000 NE 30TH PL, 5TH FLOOR
FT LAUDERDALE FL

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

TITLE ☐ Delete
NAME CFOT
STREET ADDRESS HULL, MICHAEL
CITY-ST-ZIP 3000 NE 30TH PL, 5TH FLOOR
FT LAUDERDALE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 of William A. Wilkerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)