2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2401 PGA BLVD

SUITE 280

DOCUMENT # P94000080278

1. Entity Name

2401 PGA BLVD

SUITE 280

Principal Place of Business

CENTRECORP MANAGEMENT SERVICES, INC.

EM BEACH G	ARDENS FL 33410	PALM BEACH GARDENS FL	. 33410-3316	j) 1 90 /1001 210 (512) Dibil 061) (502) COIII		I 184 184	
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		_	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FE	4. FEI Number 65-0543896 Applied For Not Applicab			
Zip	Country	Zip	Country	5. Ce	ertificate of Status Desired	\$8.75 Addi		
	6. Name and Address of Current Ro	egistered Agent		7. Na	me and Address of New Regis	ered Agent		
WIENER, DAVID J 2401 PGA BLVD SUITE 280			Name Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	BEACH GARDENS FL 334118		City			FL Zip Code	<u>. </u>	
IGNATURE	named entity submits this statement for the statement of		registered office or reg			-20-00		
. This corpo	ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW After MAY 1, 20	i!! FEE IS \$150.00 00 Fee will be \$550. le to Department of	00	Election Campaign Financi Trust Fund Contribution.		May Be to Fees	
·	OFFICERS AND D	RECTORS	12.	ADD	ITIONS/CHANGES TO OFFICER	S AND DIRECTORS	JN 11	
ile Ame Treet address TY-ST-ZIP	DP PRESTON, JOHN W. S 2401 PGA BLVD PALM BEACH GARDENS FL 3341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
ILE IME REET ADDRESS IY-ST-ZIP	DVST GREEN, ROBERT S 2851 JOHN ST SUITE 1 MARKHAM, ONTARIO, CANADA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
ILE IME REET ADDRESS IY-ST-ZIP	VAS BERNICK, LARRY 2401 PGA BLVD SUITE 280 PALM BEACH GARDENS FL 3341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TLE RME REET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TLE AME REET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TLE ME REET ADDRESS TY-ST-ZIP		☐ Delete	TRLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the corr changed,	ertify that the information supplied with to on this report or supplemental report is a coration or the receiver or thouse employ or on an attachment with an abstract of the control of t	rive and accurate and that reled to execute this report the all other like empowered entent Services	ny signature shall have as required by Chapte , Inc.	the same le	gal effect as it made under dath; a Statutes; and that my name ap;	that I am an oπicer (or airector	

FILED

Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90071 048 ***150.00

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