2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

Principal Place of Business

2. Principal Place of Business

1100 HOLLAND DRIVE

SIGNATURE

BOCA RATON FL 33427

P96000019037

Mailing Address

3. Mailing Address

1100 HOLLAND DRIVE

BOCA RATON FL 33427

1. Entity Name

DELRAY DEVELOPMENT CORP.



FILED Mar 18, 2003 8:00 am Secretary of State

03-18-2003 90061 026 ***150.00

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Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			CHECK HERE IF MAKING CHANGES		
					4. FEI Number 65-0653580	Applied For	
						Not Applicable	
Zip	Country	Zip	Cour	ntry		.75 Additional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
MOORE, W F	1			Name			
2424 N FEDERAL HWY SUITE 456 BOCA RATON FL 33431				Street Address (P.O. Box Number is Not Acceptable)			

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. I am familiar with, and accept the obligations of registered agent.

City

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Zip Code

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition MOORE, WR NAME NAME STREET ADDRESS **7623 SIERRA TERRACE** STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME **GOLDSTEIN, ELLIOT** NAME STREET ADDRESS 1100 HOLLAND DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE VSTD -☐ Delete TITLE ~ [] Change ☐ Addition NAME GOLDSTEIN, ELEANOR NAME STREET ADDRESS 1100 HOLLAND DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 empoyed egito execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Addition

☐ Change