

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90069 048 \*\*\*150.00

DOCUMENT # P97000055264

1. Entity Name

DELRAY HISTORIC, INC.

Principal Place of Business

Mailing Address

1801 SOUTH FEDERAL HIGHWAY  
SUITE 202  
DELRAY BEACH FL 33483

1801 SOUTH FEDERAL HIGHWAY  
SUITE 202  
DELRAY BEACH FL 33483

2. Principal Place of Business

400 East Linton Blvd

3. Mailing Address

400 East Linton Blvd

Suite, Apt. #, etc.

Suite G-3

Suite, Apt. #, etc.

Suite G-3

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33483

Country

USA

Zip

33483

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0762624

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

WERBER, RICHARD

6111 BROKEN SOUND PKWY NW  
BOCA RATON FL 33987

Name

CHARLES POSTERNACK

Street Address (P.O. Box Number is Not Acceptable)

400 EAST LINTON BLVD

Suite G-3

Delray Beach

FL

Zip Code

33483

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

*Charles Posternack*

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	DESANTIS, CARL	
STREET ADDRESS	1801 SOUTH FEDERAL HIGHWAY, SUITE 202	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DESANTIS, DEAN	
STREET ADDRESS	1801 SOUTH FEDERAL HIGHWAY, SUITE 202	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	WERBER, RICHARD	
STREET ADDRESS	1801 S FEDERAL HIGHWAY STE	
CITY-ST-ZIP	DELRAY BCH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSTERNACK, CHARLES	
STREET ADDRESS	400 EAST LINTON BLVD, G-3	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILMOE, WILLIAM	
STREET ADDRESS	400 EAST LINTON BLVD, G-3	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Charles Posternack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/01

81-278-

1169

Daytime Phone #

CR2E034 (10/00)