FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # \$63330** PETER D. CUMMINGS & ASSOCIATES, INC. 04-30-2001 90444 048 \*\*\*150.00 Principal Place of Business Mailing Address 3399 PGA BLVD 3399 PGA BLVD SUITE 450 SUITE 450 WEST PALM BEACH FL 33410 WEST PALM BEACH FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0271491 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUMMINGS FRY, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 3399 PGA BLVD SUITE 450 3399 PGA BLVD SUITE 450 PALM BEACH GARDENS FL 33410 City PALM BEACH GARDENS statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named en DAVID A. DEAN VP SIGNATURE Signature agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. DVP Change TITLE ☐ Delete CUMMINGS, KEITH L KEITH L. CUMMINGS NAME NAME STREET ADDRESS 3399 PGA BLVD, SUITE 450 STREET ADDRESS 3399 PGA BLVD, SUITE 450 CITY-ST-ZIP CITY-ST-ZiP PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 TITLE ☐ Delete TITLE CUMMINGS, PETER D. MICHAEL R. HAMMON NAME NAME 3399 PGA BLVD, SUITE 450 3399 PGA BLVD, SUITE 450 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP PALM BEACH GARDENS, FL Delete TITLE IVY Z. GREANER FRY, STEPHEN NAME NAME 3399 PGA BLVD, SUITE 450 3399 PGA BLVD, SUITE 450 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 ☐ Change ★ Addition Delete TITLE TITLE BETTY M. ENGLISH CHASEN, DONALD L NAME NAME 3399 PGA BLVD, SUITE 450 3399 PGA BLVD, SUITE 450 STREET ADDRESS STREET ADDRESS CITY-ST-71P PALM BEACH GARDENS FL 33-4110 CITY-ST-7IP PALM BEACH GARBENS FL 33410 **VPAS** TITLE ☐ Change Addition □ Delete TITLE ERIKSON, BEVERLY NAME NAME 3399 PGA BLVD, SUITE 450 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP VTAS Delete Change TITLE ☐ Addition TITLE NAME DEAN, DAVID A AVID A! DEAN NAME 3399 PGA BLVD, SUITE 450 3399 PGA BLVD, SUITE 450 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

reliator 561-630-6110