

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 242513

1. Entity Name

PALM WORTH INC

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90159 030 ***150.00

Principal Place of Business

Mailing Address

ASSOC. PROP. MGMT.
400 S. DIXIE HWY. #10
LAKE WORTH FL 33460

ASSOC. PROP. MGMT.
400 S. DIXIE HWY. #10
LAKE WORTH FL 33460-4455

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 59-1005463

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

ASSOCIATED PROPERTY MANAGEMENT OF THE
400 S. DIXIE HWY, SUITE 10
LAKE WORTH FL 33460

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 \$150.00
After MAY 1, 2000 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 VD
NAME KRANENBERG, DONALD
STREET ADDRESS 2850 SO OCEAN BLVD #312
CITY-ST-ZIP PALM BEACH FL 33480 ☒ Delete

TITLE SD
NAME Cairns, Mary Lane
STREET ADDRESS 2850 So. Ocean Blvd, #408
CITY-ST-ZIP Palm Beach, FL ☐ Change ☐ Addition

TITLE SD
NAME KING, WILLIAM
STREET ADDRESS 2850 S. OCEAN BLVD., #502
CITY-ST-ZIP PALM BCH FL 33480 ☒ Delete

TITLE TD
NAME McKinney, John
STREET ADDRESS 2850 So. Ocean Blvd, #204
CITY-ST-ZIP Palm Beach, FL ☐ Change ☐ Addition

TITLE PD
NAME KOEHL, G. WARREN JR MD
STREET ADDRESS 2850 S. OCEAN BLVD. #407
CITY-ST-ZIP PALM BCH. FL 33480 ☒ Delete

TITLE D
NAME Gerwig, David
STREET ADDRESS 2850 So. Ocean Blvd, #204
CITY-ST-ZIP Palm Beach, FL ☐ Change ☐ Addition

TITLE TD
NAME SULLIVAN, DIANA
STREET ADDRESS 2850 S. OCEAN BLVD. #212
CITY-ST-ZIP PALM BCH FL 33480 ☒ Delete

TITLE ☐ Change ☐ Addition

TITLE PD
NAME PFEIFFER, CHARLES
STREET ADDRESS 2850 S. OCEAN BLVD. #414
CITY-ST-ZIP PALM BCH FL 33480 ☐ Delete

TITLE Charles Pfeiffer
STREET ADDRESS 2850 S. OCEAN BLVD - #414
CITY-ST-ZIP Palm Beach FL 33480 ☐ Change ☐ Addition

TITLE VD
NAME HEIMLICH, RICHARD
STREET ADDRESS 2850 SO OCEAN BLVD #305
CITY-ST-ZIP PALM BCH FL 33480 ☐ Delete

TITLE RICHARD HEIMLICH
STREET ADDRESS 2850 So Ocean Blvd.
CITY-ST-ZIP PALM BEACH FL. 33480 ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)