

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90047 019 \*\*\*\*61.25

**DOCUMENT # 700943**

1. Entity Name

**JUNIOR LEAGUE OF THE PALM BEACHES, INC.**

Principal Place of Business

470 COLUMBIA DR  
 SUITE F101  
 WEST PALM BEACH FL 33409

Mailing Address

470 COLUMBIA DR  
 SUITE F101  
 WEST PALM BEACH FL 33409-1949

00031032



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0873155**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALEXANDER, LARRY B**  
**505 SOUTH FLAGLER DRIVE**  
**SUITE 1100**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, WANDA F	
STREET ADDRESS	470 COLUMBIA DR #F101	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VANDEBERG, BETH F	
STREET ADDRESS	470 COLUMBIA DR #F101	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	PED	<input type="checkbox"/> Delete
NAME	BURGHY, LYNDA	
STREET ADDRESS	470 COLUMBIA DR #F101	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	RS	<input type="checkbox"/> Delete
NAME	HISLOP, JULIE S	
STREET ADDRESS	470 COLUMBIA DR #F101	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRACCI, COLLEEN	
STREET ADDRESS	470 COLUMBIA DR #F101	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TED	<input type="checkbox"/> Delete
NAME	ARASIM, ANNIS	
STREET ADDRESS	470 COLUMBIA DR #F101	
CITY-ST-ZIP	W PALM BCH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Tignor	
STREET ADDRESS	470 Columbia Dr #101	
CITY-ST-ZIP	WPB, FL 33409	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stacy Porcher	
STREET ADDRESS	same	
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Cestepo	
STREET ADDRESS	same	
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		

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE:

*[Handwritten Signature]* 3/15/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-689-7590

CR2FA37 (9/00)