

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702344

1. Entity Name

THE PALMBEACHER APARTMENTS INC

Principal Place of Business

3030 S OCEAN BLVD  
PALM BEACH FL 33480  
US

Mailing Address

3030 S OCEAN BLVD  
PALM BEACH FL 33480-5693  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1158823

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

7. Name and Address of New Registered Agent

DICKER, EDWARD  
ST JOHN DICKER & CAPLAN  
500 AUSTRALIAN AVE S, STE 600  
WEST PALM BEACH FL 33401

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	NAME	STEWART, CHARLES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3030 S OCEAN BLVD, #330			
CITY-ST-ZIP	PALM BCH FL			
TITLE	VD	NAME	RAUCH, PHILIP	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3030 S OCEAN BLVD, #652			
CITY-ST-ZIP	PALM BEACH FL			
TITLE	(D)	NAME	SHAMASH, LILIANE	<input type="checkbox"/> Delete
STREET ADDRESS	3030 S OCEAN BLVD #214			
CITY-ST-ZIP	PALM BCH FL 33480			
TITLE	T	NAME	FLANAGAN, ROGER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3030 S. OCEAN BLVD #439			
CITY-ST-ZIP	PALM BEACH FL			
TITLE	D	NAME	STEWART, MARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3030 S OCEAN BLVD, #101			
CITY-ST-ZIP	PALM BEACH FL			
TITLE	D	NAME	MEWHA, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	3030 S OCEAN BLVD #438			
CITY-ST-ZIP	PALM BEACH FL 33480			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	NAME	Philip S. SAVAGE, JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3030 S. OCEAN BLVD. # 323			
CITY-ST-ZIP	PALM BEACH FL 33480			
TITLE	VD	NAME	JOE J. CARR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3030 S. OCEAN BLVD. #441			
CITY-ST-ZIP	PALM BEACH FL 33480			
TITLE		NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	T	NAME	MARJORIE HEINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3030 S. OCEAN BLVD. # 332			
CITY-ST-ZIP	PALM BEACH FL 33480			
TITLE	S	NAME	HERB BRAUNSCHWEIGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3030 S. OCEAN BLVD. # 327			
CITY-ST-ZIP	PALM BEACH FL 33480			
TITLE	D	NAME	HARRY VELKOVITZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3030 S. OCEAN BLVD. # 108			
CITY-ST-ZIP	PALM BEACH FL 33480			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PHILIP S. SAVAGE, JR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 10, 2000

Date

Daytime Phone #

CR2E037 (9/99)