

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90221 011 ****61.25

DOCUMENT # 709604

1. Entity Name

PALM BEACH COUNTY BAR ASSOCIATION, INC.

Principal Place of Business C/O SERVICIO CENTRE EAST #302 1601 BELVEDERE ROAD WEST PALM BEACH FL 33406 US	Mailing Address C/O SERVICIO CENTRE EAST #302 1601 BELVEDERE ROAD WEST PALM BEACH FL 33406-1541 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 302 East	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1846990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEER, JERALD S.
515 N. FLAGLER DR.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME SMITH, AMY L STREET ADDRESS 1645 PALM BEACH LAKES BLVD CITY-ST-ZIP W PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME KRANZ, MICHAEL T. STREET ADDRESS 505 S. FLAGLER DR. CITY-ST-ZIP W PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME WHITE, JOHN G STREET ADDRESS 222 LAKEVIEW AVE., STE. 210 CITY-ST-ZIP W. PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME DOWNEY, EDWARD STREET ADDRESS 400 ROYAL PALM WAY CITY-ST-ZIP PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME DEGRAFFENREIDT, ANDREW STREET ADDRESS 250 AUSTRALIAN AVE., STE. 1504 CITY-ST-ZIP WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME HAWKINS, SCOTT G STREET ADDRESS 505 S FLAGLER DR CITY-ST-ZIP W PLM BCH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Yvette Trelles STREET ADDRESS 224 Datura Street #1300 CITY-ST-ZIP West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME S Gregory W. Coleman STREET ADDRESS 712 U.S. Highway One #300 CITY-ST-ZIP North Palm Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Amy L. Smith* **4-28-00** **561/687-2800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: _____

CR2E037 (9/99)