

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710183

1. Entity Name

GEM AND MINERAL SOCIETY OF THE PALM BEACHES , IN

Principal Place of Business

P.O. BOX 18095  
WEST PALM BEACH FL 33416  
US

Mailing Address

P.O. BOX 18095  
WEST PALM BEACH FL 33416-0095  
US

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

59-6196330

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

STAMPER, JACK  
3716 S 57TH AVE  
GREENACRES FL 33463

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | VD                     | <input type="checkbox"/> Delete            |
| NAME           | STAMPER, MARY ANN      |                                            |
| STREET ADDRESS | 3716 S. 57TH ST        |                                            |
| CITY-ST-ZIP    | GREEN ACRES FL         |                                            |
| TITLE          | PD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | TOMASELLI, MICHELLE    |                                            |
| STREET ADDRESS | 6550 S CONGRESS AVE    |                                            |
| CITY-ST-ZIP    | LANTANA FL 33462       |                                            |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | CHENOWETH, DONALD S    |                                            |
| STREET ADDRESS | 6364 BIRCH LANE        |                                            |
| CITY-ST-ZIP    | LANTANA FL             |                                            |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | JULIANO, ANGELA        |                                            |
| STREET ADDRESS | 9870-B ORCHID TREE TRL |                                            |
| CITY-ST-ZIP    | BOYNTON BEACH FL       |                                            |
| TITLE          | SD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | SHONKWILER, NANCY      |                                            |
| STREET ADDRESS | 1620 OSBORNE CIRCLE    |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL          |                                            |
| TITLE          | TD                     | <input type="checkbox"/> Delete            |
| NAME           | URSILLO, LINDA M       |                                            |
| STREET ADDRESS | 1240 NW 22ND AVENUE    |                                            |
| CITY-ST-ZIP    | DELRAY BEACH FL        |                                            |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          | VD                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Jeffrey Ursillo         |                                                                              |
| STREET ADDRESS | 1240 NW 22 AVE          |                                                                              |
| CITY-ST-ZIP    | DeLray Beach FL 33445   |                                                                              |
| TITLE          | VD                      | <input checked="" 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    |                         |                                                                              |
| TITLE          | SD                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Chenoweth, Ruth         |                                                                              |
| STREET ADDRESS | 6364 Birch Lane         |                                                                              |
| CITY-ST-ZIP    | Lantana FL              |                                                                              |
| TITLE          |                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                                                              |
| STREET ADDRESS | 5289 Cedar Lake Rd 8-26 |                                                                              |
| CITY-ST-ZIP    | Boynton Beach FL 33437  |                                                                              |

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-2000 (954) 375-3804

Date

Daytime Phone #

CR2E037 (9/99)