2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90052 013 ****61.25

DOCUMENT # 710183

1. Entity Name

GEM AND MINERAL SOCIETY OF THE PALM BEACHES , IN

Principal Place of Business	Mailing Address
P.O. BOX 18095 WEST PALM BEACH FL 33416 US	P.O. BOX 18095 WEST PALM BEACH FL 33416 US

DO NOT WRITE IN THIS SPACE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STAMPER, MARY ANN 3716 S. 57TH ST GREEN ACRES FL	☐ Delete	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHENOWETH, DONALD S 6364 BIRCH LANE LANTANA FL	☐ Delete	VD JEFF URSILLO 1240 NW 22ND AVE DELRAY BEACH FL 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JULIANO, ANGELA 9870-B ORCHID TREE TRL BOYNTON BEACH FL	☒ Delete	VD MICHOLS FRANGELLI 6550 S CONGRESS AVE LANTANA FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD URSILLO, LINDA M 5289 CEDAR LAKE RD 8-26 BOYNTON BEACH FL 33437	☒ Delete	TD PAM HAWTHORNE 5819 WHITE CYPRESS DR. LAKE WORTH FL 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: Pam Hawthorne REP Pam Hawthorne 4-27-01

561-642-