

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90100 030 ****61.25

DOCUMENT # 710183

1. Entity Name

GEM AND MINERAL SOCIETY OF THE PALM BEACHES , IN C.

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6196330

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

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 **PD** ☒ Delete
NAME **STAMPER, MARY ANN**
STREET ADDRESS **3716 S. 57TH ST**
CITY-ST-ZIP **GREEN ACRES FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **CHENOWETH DONALD S**
STREET ADDRESS **6364 BIRCH LANE**
CITY-ST-ZIP **LANTANA FL**

TITLE **PD** ☒ Delete
NAME **CHENOWETH, DONALD S**
STREET ADDRESS **6364 BIRCH LANE**
CITY-ST-ZIP **LANTANA FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **URSILLO, JEFF**
STREET ADDRESS **1240 NW 22ND AVE.**
CITY-ST-ZIP **DELRAY BEACH, FL 33445-2640**

TITLE **VD** ☒ Delete
NAME **URSILLO, JEFF**
STREET ADDRESS **1240 NW 22ND AVE.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **VD** ☒ Change ☐ Addition
NAME **FLOYD, ELLEN**
STREET ADDRESS **8446 RODEO DR.**
CITY-ST-ZIP **LAKE WORTH FL 33467-1140**

TITLE **VD** ☒ Delete
NAME **TANASELLI, MICHELLE**
STREET ADDRESS **6550 S. COMERCE AVE.**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **VD** ☒ Change ☐ Addition
NAME **RENNE, MICHELLE**
STREET ADDRESS **6550 S. CONGRESS AVE.**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **TD** ☒ Delete
NAME **HAWTHORN, PAM**
STREET ADDRESS **5819 WHITE CYPRESS DR.**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **TD** ☒ Change ☐ Addition
NAME **RINGHISER, BARBARA**
STREET ADDRESS **1702 N. "D" ST.**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Barbara Ringhiser **REBARBARA RINGHISER**

4/6/02

5615885458

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25037 (9/01)