# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 21, 2003 8:00 am**
**Secretary of State**
01-21-2003 90210 003 ****61.25

DOCUMENT # 710183

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

☒ CHECK HERE IF MAKING CHANGES

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 18095<br>WEST PALM BEACH FL 33416<br>US | P.O. BOX 18095<br>WEST PALM BEACH FL 33416<br>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**

STAMPER, JACK
3716 S 57TH AVE
GREENACRES FL 33463

**7. Name and Address of New Registered Agent**

Name ELLEN FLOYD
Street Address (P.O. Box Number is Not Acceptable) 8646 RODEO DR.
City LAKE WORTH FL Zip Code 33467

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ellen Floyd ELLEN FLOYD 1-16-03
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>FLOYD, ELLEN<br>8646 RODEO DR.<br>LAKE WORTH FL 33467 | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CHENOWETH, DONALD S<br>6364 BIRCH LANE<br>LANTANA FL | ☒ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>URSILIO, JEFF<br>1240 NW 22ND AVE.<br>DELRAY BEACH FL 33445 | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>RENNE, MICHELLE<br>6550 S. COMERCE AVE.<br>LANTANA FL 33462 | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>RINGHISER, BARBARA<br>1702 N. D ST<br>LAKE WORTH FL 33460 | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FLOYD, ELLEN<br>8646 RODEO DR.<br>LAKE WORTH FL 33467 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MITZI BERGRUD<br>4119 120th AVE. N.<br>WEST PALM BEACH FL 33411 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>URSILLO, JEFF<br>1240 N.W. 22ND AVE<br>DELRAY BEACH FL 33445 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>RENNE, MICHELLE<br>6550 S. CONGRESS AVE.<br>LANTANA FL 33462 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 BARBARA RINGHISER 1/11/03 5615885458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR