

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 710843**

1. Entity Name

PALM BEACH COMMUNITY CHEST/UNITED WAY, INC.

Principal Place of Business

**44 COCOANUT ROW, M-201
PALM BEACH FL 33480**

Mailing Address

**44 COCOANUT ROW, M-201
PALM BEACH FL 33480**

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

59-0637885

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

**WHITACRE, PHILIP A
44 COCOANUT ROW, #M201
PALM BEACH FL 33480**

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	VD KOHL, SIDNEY A 305 ROYAL POINCIANA PLAZA PALM BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLE, MR. JONATHAN 250 ROYAL PALM WAY PALM BEACH FL 33480	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEONE, PAUL THE BREAKERS, ONE SOUTH COUNTY ROAD PALM BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CURTIS, CHRISTINE 720 S. OCEAN BLVD PALM BEACH FL 33480	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C J. PATTERSON COOPER 261 SANFORD AVE. PALM BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIBAKOFF, EUGENE J. 44 COCONUT ROW PALM BCH FL	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Miller, Harriet (33480) 256 Tradewind Dr. Palm Beach, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hamilton, ANita 330 Cocoanut Row Palm Beach, FL 33480	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90240 046 ****70.00

714755

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)