

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90173 045 ****70.00

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ **Vice Chairman** ☐ Delete
NAME **KOHL, SIDNEY A**
STREET ADDRESS **305 ROYAL POINCIANA PLAZA**
CITY-ST-ZIP **PALM BCH FL**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Cooper, Mr. J. Patterson**
CITY-ST-ZIP **c/o Deutsche Bank 350 Royal Palm Way
Palm Beach, FL 33480**

TITLE ☒ Delete
NAME **COLE, MR. JONATHAN**
STREET ADDRESS **C/O EDWARDS & ANGELL ONE N. CLEMATIS 400**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☒ Addition
NAME **Vice Chairman**
STREET ADDRESS **Burke, Mrs. Virginia**
CITY-ST-ZIP **1127 North Lake Way Palm Beach, FL 33480**

TITLE ☒ Delete
NAME **LEONE, PAUL**
STREET ADDRESS **THE BREAKERS, ONE SOUTH COUNTY ROAD**
CITY-ST-ZIP **PALM BEACH FL**

TITLE ☐ Change ☒ Addition
NAME **Vice Chairman**
STREET ADDRESS **Bracci, Mr. Michael**
CITY-ST-ZIP **c/o Northern Trust 11301 US Highway 1
Palm Beach Gardens, FL 33408**

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **CURTIS, CHRISTINE**
CITY-ST-ZIP **720 S. OCEAN BLVD
PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MEYER, SYDELLE MRS**
CITY-ST-ZIP **1040 NORTH LAKE WAY
PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ **CHAIRMAN** ☐ Delete
NAME **HAMILTON, ANITA**
STREET ADDRESS **330 COCONUT ROW**
CITY-ST-ZIP **PALM BEACH FL 33480**

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:

SIGNATURE REQUIRED

1/7/03

561-655-1919

CR2E037 (10/02)