## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 715737 Feb 10, 2000 8:00 am **Secretary of State** PALM BEACH REPEATER ASSOCIATION, INC. 02-10-2000 90055 010 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 461 PO ROX 461 LAKE WORTH FL 33460-0461 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 23-7015142 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Box Number is Not Acceptable) BERGER, ROBERT L EL CLARO 9434 PINTO DR LAKE WORTH FL 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. SIGNATURE ٧ 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE TITLE NAME VERESS, NANCY NAME STREET ADDRESS STREET ADDRESS 391 MOZART RD CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE NAME Summerell, Kenneth H NAME STREET ADDRESS STREET ADDRESS 5136 EL CLARO CIR CITY-ST-ZIP > CITY-ST-ZIP w palm beach fl Change **Addition** Delete TITLE THENTHORNE DI NAME **NEWELL. CHARLES** NAME STREET ADDRESS STREET ADDRESS 210 BROWARD AVE CITY-ST-ZIP CITY-ST-ZIP **GREENACRES FL 33463** Change **Addition** Delete TITI F **NEWELL, CHARLES** NAME STREET ADDRESS STREET ADDRESS 210 BROWARD AVE 33461 CITY-ST-ZIP CITY-ST-ZIP **GREENACRES FL 33463** ☐ Change TITLE ☐ Delete TITLE Addition NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH H. Summerell 1-31-00 561-6409447