

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718900

1. Entity Name

DRUG ABUSE FOUNDATION OF PALM BEACH COUNTY, INC.

FILED
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90143 037 ****70.00

Principal Place of Business

400 SO SWINTON AVE
 DELRAY BEACH FL 33444
 US

Mailing Address

400 SO SWINTON AVE
 DELRAY BEACH FL 33444-3553
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7074625

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

ALTON TAYLOR
 400 S. SWINTON AVE.
 DELRAY BCH FL 33444

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 ☐ Delete
 NAME D
 STREET ADDRESS MEEKES, LEON
 CITY-ST-ZIP P.O. BOX 2288
 DELRAY BEACH FL 33444

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

TITLE ☐ Delete
 NAME DST
 STREET ADDRESS GEWARTOWSKI, DAN
 CITY-ST-ZIP 2600 N. MILITARY TRAIL
 BOCA RATON FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SIEMENS, RICHARD
 CITY-ST-ZIP 4800 N FEDERAL HWY #D306
 BOCA RATON FL

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

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS SIMON, ERNEST ESQ.
 CITY-ST-ZIP P. O. BOX 2020 N/A
 DELRAY BEACH FL

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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS SHEPARD, FR THOMAS E
 CITY-ST-ZIP 404 SW 3RD ST P O BOX 656
 DELRAY BEACH FL

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

TITLE ☐ Delete
 NAME DVP
 STREET ADDRESS WILLIAM J. WOOD
 CITY-ST-ZIP 64 SE 5TH AVE.
 DELRAY BCH FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)