

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90052 010 ****61.25

DOCUMENT # 718900

1. Entity Name

DRUG ABUSE FOUNDATION OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

400 SO SWINTON AVE
 DELRAY BEACH FL 33444
 US

400 SO SWINTON AVE
 DELRAY BEACH FL 33444
 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

23-7074625

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

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 **WEEKES, LEON**
 CITY-ST-ZIP **P.O. BOX 2288**
DELRAY BEACH FL 33444

TITLE ☒ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **Wood, William J.**
 CITY-ST-ZIP **64-A S.E. 5th Ave.**
Delray BEach, FL 33483

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

TITLE ☒ Change ☐ Addition
 NAME **SVP**
 STREET ADDRESS **Gewartowski, Daniel**
 CITY-ST-ZIP **2600 N. Military Trail**
Boca Raton, FL 33431

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

TITLE ☒ Change ☐ Addition
 NAME **DST**
 STREET ADDRESS **Sheremeta, Richard**
 CITY-ST-ZIP **310 S.E. 1st St.**
Delray Beach, FL 33483

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 **D**
 STREET ADDRESS **Simon, Ernest Esq.**
 CITY-ST-ZIP **P.O. Box 2020**
Delray Beach, FL 33447

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

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Allerton, George**
 CITY-ST-ZIP **P.O. Box 400**
Delray Beach, FL 33447

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **Sue McMaster**
 CITY-ST-ZIP **920 N.W. 4th Ave.**
Boca Raton, FL 33432

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Sue McMaster**
 CITY-ST-ZIP **920 N.W. 4th Ave.**
Boca Raton, FL 33432

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

01/13/02

CR2E037 (9/01)

Attachment
Doc# 7189001
600991

OFFICERS & DIRECTORS

Title Name Street Address City-St-Zip	D Brooks, Lorenzo 6304 Indian Wells Blvd. Boynton Beach, FL 33437	ADDITION
Title Name Street Address City-St-Zip	D Deichert, June 770 East Atlantic Ave. Delray Beach, FL 33483	ADDITION
Title Name Street Address City-St-Zip	D Rionda, Juan 1323 Tamarind Way Boca Raton, FL 33486	ADDITION