

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90143 001 ****61.25

DOCUMENT # 718900

1. Entity Name

DRUG ABUSE FOUNDATION OF PALM BEACH COUNTY, INC.



Principal Place of Business

**400 SO SWINTON AVE
DELRAY BEACH FL 33444
US**

Mailing Address

**400 SO SWINTON AVE
DELRAY BEACH FL 33444
US**

22000500



☐ CHECK HERE IF MAKING CHANGES

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. 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 **DP** ☐ Delete
NAME **WOOD, WILLIAM J**
STREET ADDRESS **64-A SE 5TH AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Change ☒ Addition
NAME **Lorenzo Brooks**
STREET ADDRESS **6304 Indian Wells Blvd.**
CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE **DVP** ☐ Delete
NAME **GEWARTOWSKI, DANIEL**
STREET ADDRESS **2600 N. MILITARY TRAIL**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ Change ☒ Addition
NAME **June Deichert c/o Northern Trust**
STREET ADDRESS **770 East Atlantic Ave.**
CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **DST** ☐ Delete
NAME **SHEREMETA, RICHARD**
STREET ADDRESS **310 SE 1ST STREET**
CITY-ST-ZIP **DELRAY-BEACH FL 33483**

TITLE **D** ☐ Change ☒ Addition
NAME **Juan Rionda**
STREET ADDRESS **1323 Tamarind Way**
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE **D** ☐ Delete
NAME **SIMON, ERNEST ESQ**
STREET ADDRESS **P O BOX 2020**
CITY-ST-ZIP **DELRAY BEACH FL 33447**

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

TITLE **D** ☐ Delete
NAME **ALLERTON, GEORGE**
STREET ADDRESS **P O BOX 400**
CITY-ST-ZIP **DELRAY BEACH FL 33447**

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

TITLE **D** ☐ Delete
NAME **MCMASTER, SUE**
STREET ADDRESS **920 NW 4TH AVENUE**
CITY-ST-ZIP **BOCA RATON FL 33432**

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

[Handwritten Signature] (561) 278-0000

CR2E037 (10/02)