

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90016 040 ****61.25

DOCUMENT # 736615

1. Entity Name

THE CITIZENS' ASSOCIATION OF PALM BEACH, INC.

Principal Place of Business

**2875 SOUTH OCEAN BOULEVARD
 PALM BEACH FL 33480**

Mailing Address

**2875 SOUTH OCEAN BOULEVARD
 PALM BEACH FL 33480**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1930968

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

**SCHORR, MAX
 250 ROYALS PALM WAY
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name **McDonald, JACK Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
2875 So Ocean Blvd
 City **Palm Beach** FL Zip Code **33480**

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] **JACK McDONALD**

5.21.01

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent's 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

TITLE	SD	<input type="checkbox"/> Delete
NAME	PYMS, JACK	
STREET ADDRESS	2545 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	REISMAN, BERNARD	
STREET ADDRESS	2600 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	GCD	<input checked="" type="checkbox"/> Delete
NAME	SCHORR, MAX	
STREET ADDRESS	2778 S OCEAN BLVD	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	LEVENSON, ALBERT	
STREET ADDRESS	3450 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KING, WILLIAM	
STREET ADDRESS	2850 S OCEAN BLVD	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HORWICH, HARRY	
STREET ADDRESS	2860 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BCH FL 33480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BEVERLY	
STREET ADDRESS	2778 So Ocean Blvd	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	GCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McDONALD, JACK Esq.	
STREET ADDRESS	2875 So Ocean Blvd #200	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, Gerald	
STREET ADDRESS	2875 So Ocean Blvd #200	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANFEL, BERNARD	
STREET ADDRESS	2875 So Ocean Blvd	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

5/21/01

561-533-6102

CR2E037 (10/00)