

2002 UNIFORM BUSINESS REPORT (UBR)

3/2

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

03-26-2002 90026 027 ****70.00

DOCUMENT # 741612

1. Entity Name

LIGHTHOUSE FOR THE BLIND OF THE PALM BEACHES, IN C.

Principal Place of Business

Mailing Address

**7810 S DIXIE
WEST PALM BEACH FL 33405**

**7810 S DIXIE
WEST PALM BEACH FL 33405**

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

59-6008622

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

**WILLIAMS S THOMPSON PRESIDENT/CEO
7810 S. DIXIE HIGHWAY
LIGHTHOUSE FOR THE BLIND OF THE PALM BEACH
WEST PALM BEACH FL 33405**

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 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 **CD** ☐ Delete
NAME **KLETT, STANLEY D ESQ**
STREET ADDRESS **4100 RCA BLVD SUITE 100**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **Chairman - Same** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCD** ☐ Delete
NAME **GALLEGOS, JOSEPH**
STREET ADDRESS **524 NORTH EAST 21ST COURT**
CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **Vice Chairman** ☒ Change ☐ Addition
NAME **Leslie F. McDermott**
STREET ADDRESS **1208 Marine Way, Apt. A-107**
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE **SD** ☐ Delete
NAME **MCDERMOTT, LESLIE**
STREET ADDRESS **1208 MARINE WAY, APT A-107**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Norris Andersen**
STREET ADDRESS **168 East Hampton Way**
CITY-ST-ZIP **Jupiter, FL 33458**

TITLE **TD** ☐ Delete
NAME **CRAWFORD, EDWARD W JR**
STREET ADDRESS **506 KINGFISH ROAD**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **Treasurer - Same** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **THOMPSON, WILLIAM S**
STREET ADDRESS **7810 SO, DIXIE HWY.**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **President - Same** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

561-586-5600

CR2E037 (9/01)