

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90119 048 ****61.25

DOCUMENT # 746554

1. Entity Name

PALM BEACH CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

45 COCOANUT ROW,
PALM BEACH FL 33480

45 COCOANUT ROW
PALM BEACH FL 33480

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

59-0389290

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

BAKER, LAUREL T
45 COCOANUT ROW
PALM BEACH FL 33480

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 MAUS, JOHN G.**
 STREET ADDRESS **312 WORTH AVE**
 CITY-ST-ZIP **PALM BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD LEONE, PAUL N CPA**
 STREET ADDRESS **THE BREAKERS, ONE SOUTH COUNTY ROAD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD WHITACRE, PHILIP H**
 STREET ADDRESS **44 COCOANUT ROW**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD HOPFPAUER, PAMELA S**
 STREET ADDRESS **45 COCOANUT ROW**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE Change Addition
 NAME **D DAVID H. SCAFF**
 STREET ADDRESS **255 SOUTH COUNTY ROAD**
 CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE Delete
 NAME **ED BAKER, LAUREL T**
 STREET ADDRESS **45 COCOANUT ROW**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD SEMADENI, DAVID K.**
 STREET ADDRESS **230 ROYAL PALM WAY, STE 403**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE Change Addition
 NAME **D DANA THOMAS**
 STREET ADDRESS **223 SUNSET AVENUE # 200**
 CITY-ST-ZIP **PALM BEACH FL 33480**

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 LAUREL T. BAKER

4/8/02 561.655.3242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)

0037914