

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759111

1. Entity Name

JUNIOR ACHIEVEMENT OF THE PALM BEACHES, INCORPOR

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90101 049 ****61.25

Principal Place of Business	Mailing Address
2001 BROADWAY STE - 302 RIVIERA BCH FL 33404 US	2001 BROADWAY STE - 302 RIVIERA BCH FL 33404-5669 US



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	Applied For
		59-2333738	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLANIGAN, JOHN F.
 625 N. FLAGLER DR. 9TH FL
 WEST PALM BEACH FL 33402

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	FLANIGAN, JOHN F.	
STREET ADDRESS	625 NORTH FLAGLER DR NINTH FL	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STONE-ST. JOHN, ELLEN	
STREET ADDRESS	2001 BROADWAY, SUITE 302	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TURK, DANIEL F.	
STREET ADDRESS	FIDELITY FEDERAL 218 DIATORA ST.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, BRIAN	
STREET ADDRESS	2328 10TH AVE NORTH 6A	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHANEL, GLENN	
STREET ADDRESS	14263 US HWY 1	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	SECRETARY DIRECTOR	<input type="checkbox"/> Delete
NAME	KEVIN BEUTTENMULLER	
STREET ADDRESS	CARLTON FIELDS 222 LAKEVIEW AVE. STE 1400	
CITY-ST-ZIP	WEST PALM BEACH FLORIDA 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CHAIRMAN ELECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EXECUTIVE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	FIDELITY FEDERAL 218 DIATORA STREET	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Beuttenmuller	
STREET ADDRESS	CARLTON FIELDS 222 LAKEVIEW AVE, STE 1400	
CITY-ST-ZIP	WEST PALM BEACH FLORIDA 33401	

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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)