## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 760727**

FILED Apr 30, 2002 8:00 AM Secretary of State

Entity Name: GREATER WEST PALM BEACH CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:				New Principal Place of Business:			
401 N FLA W. PALM E	GLER DR. BEACH, FL 33	34014305					
Current Mailing Address:				New Mailing Address:			
401 N FLA W. PALM E	GLER DR. BEACH, FL 33	34014305					
FEI Number: 59-0504407 FEI Number Applied For() FEI N			FEI Num	umber Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of C	Current Registered Agent:		Name and	Address of N	ew Registered Ager	nt:
WEST PAI The above	AGLER DRIVE _M BEACH, FI		ourpose of	changing it	ts registered of	ffice or registered age	ent, or both,
SIGNATUF	RE:						
Electronic Signature of Registered Agent			ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HERTZ, CLIFF 400 AUSTRALI	Delete AN AVENUE #500 EACH, FL 33401		Title: Name: Address: City-St-Zip:	HERTZ, CLIFF ONE NORTH CL	Change ( ) Addition EMATIS ST., SUITE 500 EACH, FL 33401	
Title: Name: Address: City-St-Zip:	LINK, WENDY 222 LAKEVIEW			Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	REILLY, CURT	Delete INT PKWY. STE. #410 CH., FL		Title: Name: Address: City-St-Zip:	REILLY, CURT	Change ( ) Addition NT PKWY. STE. #410 CH., FL	
Title: Name: Address: City-St-Zip:	P ( ) GRADY, DENN 401 N. FLAGLE WEST PALM B	R DRIVE		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MACON, ROD PO BOX 8768	Delete EACH, FL 33407		Title: Name: Address: City-St-Zip:	TURK, DAN 205 DATURA S	Change ( ) Addition FREET EACH, FL 33401	
Title: Name: Address: City-St-Zip:	STAUDINGER,	RESS AVENUE, #200		Title: Name: Address: City-St-Zip:	KRASKER, PAU 625 NORTH FLA		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS GRADY P 04/30/2002