

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 760727

FILED  
Apr 30, 2003  
Secretary of State

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

**Current Principal Place of Business:**

401 N FLAGLER DR.  
W. PALM BEACH, FL 334014305

**New Principal Place of Business:**

**Current Mailing Address:**

401 N FLAGLER DR.  
W. PALM BEACH, FL 334014305

**New Mailing Address:**

FEI Number: 59-0504407      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRADY, DENNIS  
401 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C-E ( ) Delete  
Name: HERTZ, CLIFF  
Address: ONE NORTH CLEMATIS ST., SUITE 500  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete  
Name: LINK, WENDY S  
Address: 222 LAKEVIEW AVE. #1330  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: C ( ) Delete  
Name: REILLY, CURT  
Address: 701 NORTHPOINT PKWY. STE. #410  
City-St-Zip: WEST PALM BCH., FL

Title: P ( ) Delete  
Name: GRADY, DENNIS  
Address: 401 N. FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL

Title: D ( ) Delete  
Name: TURK, DAN  
Address: 205 DATURA STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: KRASKER, PAUL  
Address: 625 NORTH FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: HERTZ, CLIFF  
Address: ONE NORTH CLEMATIS ST., SUITE 500  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MARMERSTEIN, PETER  
Address: 901 45TH STREET  
City-St-Zip: WEST PALM BCH., FL 33407

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

PRES

04/30/2003

\_\_\_\_\_ Date