

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90129 033 ****61.25

DOCUMENT # 764235

1. Entity Name

THE CHILD ADVOCACY BOARD OF PALM BEACH COUNTY, I

Principal Place of Business

Mailing Address

810 DATURA STREET
 FIRST FLOOR
 WEST PALM BEACH FL 33401

810 DATURA STREET
 FIRST FLOOR
 WEST PALM BEACH FL 33401-5204

911968



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

59-6000785

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECK, CYNTHIA
810 DATURA ST
W. PALM BEACH FL 33401

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

Cynthia Beck
 CYNTHIA BECK

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/5/99
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
GRAY, IRENE
12900 SOUTH SHORE DRIVE
PALM BEACH GARDENS FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
SALLY SCHMIDT
423 FERN ST. #220
W. PALM BEACH, FL 33401

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VD
SCHMIDT, SALLY
423 FERN ST. #220
W. PALM BEACH FL 33401

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VD
VALERIE SILVERMAN
7710 So. FLAGLER
WEST PALM BEACH, FL 33405

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SD
BECK, CYNTHIA
2311 10TH AVE N #9
LAKE WORTH FL 33461

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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:

Cynthia Beck
 CYNTHIA BECK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 (561) 586-77
 DATE Daytime Phone #