

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09876

1. Entity Name

PALM BEACH COUNTY CITY MANAGEMENT ASSOCIATION, I

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90190 008 \*\*\*\*70.00

Principal Place of Business

Mailing Address

TOWN OF GULF STREAM  
100 SEA ROAD  
GULF STREAM FL 33483  
US

TOWN OF GULFSTREAM  
100 SEA RD  
GULF STREAM FL 33483-7427  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2552614

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GARRISON, KRISTIN  
100 SEA RD.  
GULF STREAM FL 33483

Name

(SAME)

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)

2/24/00  
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	STD	<input type="checkbox"/> Delete
NAME	GARRISON, KRISTIN	
STREET ADDRESS	100 SEA ROAD	
CITY-ST-ZIP	GULF STREAM FL 33483	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RUNDLE, STACY	
STREET ADDRESS	500 GREYNOLDS CIRCLE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARCINSKI, ROBERT	
STREET ADDRESS	100 NW ST AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hawkins, Wilfred	
STREET ADDRESS	100 E. Boynton Beach Blvd.	
CITY-ST-ZIP	Boynton Beach, FL 33425-0310	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00 (561) 276-5116  
Date Daytime Phone #

CR2E037 (9/99)