

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90297 004 \*\*\*\*70.00

**DOCUMENT # N09876**

1. Entity Name

**PALM BEACH COUNTY CITY MANAGEMENT ASSOCIATION, I**

Principal Place of Business

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

Mailing Address

TOWN OF GULFSTREAM  
 100 SEA RD  
 GULF STREAM FL 33483  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Village of Royal Palm Beach

Suite, Apt. #, etc.

1050 Royal Palm Beach Blvd.

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

3. Mailing Address

Village of Royal Palm Beach

Suite, Apt. #, etc.

1050 Royal Palm Beach Blvd.

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

4. FEI Number

59-2552614

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GARRISON, KRISTIN  
 100 SEA RD.  
 GULF STREAM FL 33483

7. Name and Address of New Registered Agent

Name

Stewart, Sheryl

Street Address (P.O. Box Number is Not Acceptable)

1050 Royal Palm Beach Blvd.

City

Royal Palm Beach

FL

Zip Code

33411

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

*Sheryl Stewart* Sheryl Stewart, Secretary/Treasurer 1/29/01

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	GARRISON, KRISTIN	
STREET ADDRESS	100 SEA ROAD	
CITY-ST-ZIP	GULF STREAM FL 33483	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HAWKINS, WILFRED	
STREET ADDRESS	100 E BOYNTON BEACH BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33425-0310	
TITLE	PD	<input checked="" 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garrison Kristin	
STREET ADDRESS	100 Sea Road	
CITY-ST-ZIP	Gulf Stream FL 33483	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hawkins, Wilfred	
STREET ADDRESS	100 E Boynton Beach Blvd.	
CITY-ST-ZIP	Boynton Beach, FL 33425-0310	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stewart, Sheryl	
STREET ADDRESS	1050 Royal Palm Beach Blvd.	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
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		
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:** *Sheryl Stewart* **SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/01 (561) 790-5116

CR2E037 (10/00)