

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12856

1. Entity Name

PALM BEACH LITURGICAL CULTURE FOUNDATION, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90012 004 ****61.25

Principal Place of Business

%MAX B. SHAPIRO
 6760 VERSAILLES COURT
 LAKE WORTH FL 33467

Mailing Address

%MAX B. SHAPIRO
 6760 VERSAILLES COURT
 LAKE WORTH FL 33467

A0070988



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

59-2622987

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

SHARPIRO, MAX B.
 6760 VERSAILLES COURT
 LAKE WORTH FL 33467

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

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
After September 13, 2000 min. will be \$236.25

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 Delete
 NAME PD SHAPIRO, MAX B.
 STREET ADDRESS 6760 VERSAILLES COURT
 CITY-ST-ZIP LAKE WORTH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME TD NEWMARK, EMANUEL
 STREET ADDRESS 140 JOHN F. KENNEDY CIR.
 CITY-ST-ZIP ATLANTIS FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME L KAPNER, LOUIS
 STREET ADDRESS 2139 PALM BCH LKS BLVD.
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME T WIESENECK, PAUL M.
 STREET ADDRESS 13221 ST. TROPEZ CIRCLE
 CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Max B. Shapiro

Date

Daytime Phone #

7/27/00

CD0907 (F/00)