

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90032 001 \*\*\*\*61.25

**DOCUMENT # N22603**

Entity Name  
**COALITION OF PUBLIC SERVICE EMPLOYEE ORGANIZATIO**

**00026450**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 243 TIFFANY ANNE CIRCLE WEST PALM BEACH FL 33417	Mailing Address 5243 TIFFANY ANNE CIRCLE WEST PALM BEACH FL 33417-1079 US
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1. Principal Place of Business <b>243 TIFFANY ANNE CIRCLE</b>	3. Mailing Address <b>5243 TIFFANY ANNE CIR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>West Palm Beach FL</b>	City & State <b>West Palm Beach FL</b>
Zip <b>33417</b>	Zip <b>33417</b>
Country <b>Palm Beach USA</b>	Country <b>USA</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LOWENTHAL, HOWARD**  
**5243 TIFFANY ANNE CIRCLE**  
**WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 Howard Lowenthal, TREAS. DATE 2-8-2000  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME WEISER, LOUIS STREET ADDRESS 919 HILLCREST DR CITY-ST-ZIP HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME IZZO, ROBERT A STREET ADDRESS 18124 NW 21ST ST CITY-ST-ZIP PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME FEHLING, HENRY J STREET ADDRESS 6708 NW 71ST STREET CITY-ST-ZIP TAMARAC FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME LOWENTHAL, HOWARD STREET ADDRESS 5243 TIFFANY ANN CIRCLE CITY-ST-ZIP WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KURTZ, RICHARD STREET ADDRESS 1221 SW 26TH AVE CITY-ST-ZIP BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FRITZ, GENEVIEVE STREET ADDRESS 3001 ROLLING HILLS CIRCLE W. CITY-ST-ZIP DAVIE FL 33328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Howard Lowenthal **HOWARD LOWENTHAL** 2-8-2000 561-478-7780

1696/1311-1-11