2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90045 030 ****61.25

DOCUMENT # N27074

1. Entity Name

PALM BEACH AREA CHAPTER OF THE RETIRED OFFICERS

Principal Place of Business	Mailing Address
P.O. BOX 3345 BOYNTON BEACH FL 33424-3345 US	POST OFFICE BOX 3345 BOYNTON BEACH FL 33424-3345 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0028198 ☐ Applied For ☐ Not Applicable

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
NIRENBERG, ALLAN 6520 BOCA DEL MAR DR #107 BOCA RATON FL 33433	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

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	D KRELL, IRENE 5961 N W 2ND AVE @211 BOCA RATON FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST VP HENRY STANFIELD 500 SW 6TH AVE BOCA RATON FL 33486
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BADGELY, ELIZABETH MRS 21750 CONTADO RD BOCA RATON FL 33433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CHRIS WATSON PO BOX 4421 DEERFIELD BCH FL 33442
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NIRENBERG, ALLAN 6520 BOCA DEL MAR DR #10 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ANGELO CASSARO 6653 HATTARAS DRIVE LAKE WORTH FL 33467
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LILLING, WILBUR 7772 MAJESTIC PALM DR BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR M.PHILLIP LORBER 901 E CAMINO REAL #9A BOCA RATON FL 33432
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SCHEKER, STANLEY 21750 CONTADO RD BOCA RATON FL 33433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ELLIS S. HILLER 10099 SE THE TERRACE BOYNTON BEACH FL 33436
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLANK, MERRY 122 FOREST HILL BOULEVARD WEST PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RICHARD WEINBERG 9898 HARBOR LAKE CIRCLE BOYNTON BCH FL 33437

CR2E037 (9/99)

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: ALLAN NIRENBERG SIGNATURE REQUIRED Allan Nirenberg 1/31/2000 561 395 6244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #