

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N45932**

1. Entity Name

PALM LAKE/RIVIERA BEACH CHAPTER #4680 OF AMERICA

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90193 003 ****61.25

Principal Place of Business

Mailing Address

7272 42ND WAY NORTH
 RIVIERA BEACH FL 33404
 US

113 GREENBRIER C
 WEST PALM BEACH FL 33417-2392

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

52-1707921

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENWALD, WALTER H.
113 GREENBRIER C
WEST PALM BEACH FL 33417-2392

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	PD	<input type="checkbox"/> Delete
NAME	GREENWALD, WALTER H.	
STREET ADDRESS	113 GREENBRIER C	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUCLOS, ELENOR	
STREET ADDRESS	7134 40 TR N	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, MARILYN	
STREET ADDRESS	7346 42ND WAY	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Marilyn Peterson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2000 561-842-3050
 Date Daytime Phone #

CR2E037 (9/99)