

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90018 024 ****61.25

DOCUMENT # N94000000802

1. Entity Name

MARGARET A. GUISTETTI PALM BEACH CHAPTER DAR FOU

Principal Place of Business

Mailing Address

% JONES, FOSTER, JOHNSTON & STUBBS, P.A.
 505 S. FLAGLER DR., #1100
 WEST PALM BEACH FL 33401

% JONES, FOSTER, JOHNSTON & STUBBS, P.A.
 505 S. FLAGLER DR., #1100
 WEST PALM BEACH FL 33401-5950

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

65-6158034

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

Name

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

City

FL

Zip Code

DOANE, REBECCA G
JONES, FOSTER, JOHNSTON & STUBBS, P.A.
505 S. FLAGLER DR., #1100
WEST PALM BEACH FL 33401

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 Delete
 NAME **PD DOANE, REBECCA G**
 STREET ADDRESS **505 S. FLAGLER DRIVE, #1100**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE Change Addition
 NAME **DAILENE PRICE (MRS)**
 STREET ADDRESS **311 Coconut Row**
 CITY-ST-ZIP **PALM BEACH, FL 33480-4111**

TITLE Delete
 NAME **D FLEMING, KATHLEEN G MRS.**
 STREET ADDRESS **166 LAKE DRIVE**
 CITY-ST-ZIP **PALM BEACH SHORES FL 33404**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PP SHEPHERD, NANCY A MRS.**
 STREET ADDRESS **1902 NOTRE DAME DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL 33460-6349**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S MORGAN, MARIAN MRS.**
 STREET ADDRESS **9 SLASH PINE VILLA, DELRAY DUNES**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MITCHELL, WILLIAM F MRS.**
 STREET ADDRESS **4766 S. LAKE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP VECELLIO, KATHRYN C MRS.**
 STREET ADDRESS **771 VILLAGE ROAD**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/00 (561) 659-3000
 Date Daytime Phone #