2001 UNIFORM BUSINESS REPORT (UBR)

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

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 **65-6158034** / 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
DOANE, REBECCA G JONES, FOSTER, JOHNSTON & STUBBS, P.A. 505 S. FLAGLER DR., #1100 WEST PALM BEACH FL 33401	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 D NAME DOANE, REBECCA G STREET ADDRESS 505 S. FLAGLER DRIVE, #1100 CITY-ST-ZIP WEST PALM BEACH FL 33401	☐ Delete	TITLE T NAME Price, Ailene STREET ADDRESS 311 Cocoanut Row CITY-ST-ZIP Palm Beach, FL 33480-4111	☐ Change XX Addition
TITLE D NAME FLEMING, KATHLEEN G MRS. STREET ADDRESS 166 LAKE DRIVE CITY-ST-ZIP PALM BEACH SHORES FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME SHEPHERD, NANCY A MRS. STREET ADDRESS 1902 NOTRE DAME DRIVE CITY-ST-ZIP LAKE WORTH FL 33460-6349	☐ Delete	TITLE D NAME Gough, Carolyn Mrs. STREET ADDRESS 458 S. Country Club Drive CITY-ST-ZIP Atlantis, FL 33462	☐ Change XX Addition
TITLE S NAME MORGAN, MARIAN MRS. STREET ADDRESS 9 SLASH PINE VILLA, DELRAY DUNES CITY-ST-ZIP BOYNTON BEACH FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME MITCHELL, WILLIAM F MRS. STREET ADDRESS 4766 S. LAKE DRIVE CITY-ST-ZIP BOYNTON BEACH FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME VECELLIO, KATHRYN C MRS. STREET ADDRESS 771 VILLAGE ROAD CITY-ST-ZIP NORTH PALM BEACH FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 so empowered.

SIGNATURE: _____ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone # 561 659-3000