

**2002 UNIFORM BUSINESS REPORT (UBR)**

2/5

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90015 014 \*\*\*\*61.25

**DOCUMENT # N94000000802**  
 1. Entity Name  
**MARGARET A. GUISTETTI PALM BEACH CHAPTER DAR FOU  
 NDTATION, INC.**

Principal Place of Business % JONES, FOSTER, JOHNSTON & STUBBS, P.A. 505 S. FLAGLER DR., #1100 WEST PALM BEACH FL 33401	Mailing Address % JONES, FOSTER, JOHNSTON & STUBBS, P.A. 505 S. FLAGLER DR., #1100 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>65-6158034</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**DOANE, REBECCA G**  
**JONES, FOSTER, JOHNSTON & STUBBS, P.A.**  
**505 S. FLAGLER DR., #1100**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOANE, REBECCA G</b> <b>505 S. FLAGLER DRIVE, #1100</b> <b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLEMING, KATHLEEN G MRS.</b> <b>168 LAKE DRIVE</b> <b>PALM BEACH SHORES FL 33404</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHEPHERD, NANCY A MRS.</b> <b>1902 NOTRE DAME DRIVE</b> <b>LAKE WORTH FL 33460-6349</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MORGAN, MARIAN MRS.</b> <b>9 SLASH PINE VILLA, DELRAY DUNES</b> <b>BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MITCHELL, WILLIAM F MRS.</b> <b>4766 S. LAKE DRIVE</b> <b>BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VECELLIO, KATHRYN C MRS.</b> <b>771 VILLAGE ROAD</b> <b>NORTH PALM BEACH FL 33408</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Ailene W. Price</b> <b>311 Cocoanut Row, Palm Beach, FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Rebecca G Doane* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/01)