2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name

CHRISTMAS IN APRIL OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
470 COLUMBIA DR BLDG F WEST PALM BEACH FL 33409	470 COLUMBIA DR BLDG F WEST PALM BEACH FL 33409-1997

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 1309 Suite, Apt. #, etc.
City & State	City & State: W. Palm Beach, Fl
Zip / Country	Zip: 33402 / Country: Palm Beach

4. FEI Number: 65-0691732 ☐ 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
SHEPPARD, JOHN R JR 500 AUSTRAILIAN AVE. SOUTH 10TH FLOOR 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 FREEMAN, ROBERTA H 470 COLUMBIA DR BLDG F WEST PALM BEACH FL 33409	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Mark Smiley D P.O. Box 1309 W. Palm Beach, Fl 33402	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AIKEN ANN 470 COLUMBIA DR BLDG F WEST PALM BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JoAnne Aikens P.O. Box 1309 W. Palm Beach, Fl 33402	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORSEY, HEATHER 470 COLUMBIA DR BLDG F WEST PALM BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Elizabeth Smiley D P.O. Box 1309 W. Palm Beach, Fl 33402	☐ Change ☑ Addition
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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: SIGNATURE RECEIVED 22 Feb 00 561/255-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #