

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

02-01-2000 90069 031 \*\*\*\*61.25

**DOCUMENT # N96000000676**

1. Entity Name

**WEST PALM BEACH INDEPENDENT FILM FESTIVAL INC.**

Principal Place of Business

Mailing Address

251 8TH ST.  
 WEST PALM BEACH FL 33401

222 LAKEVIEW AVE.  
 STE. 160-284  
 WEST PALM BEACH FL 33401-6145

2. Principal Place of Business

**330 ALMERIA RD.**

3. Mailing Address

Suite, Apt. #, etc.

**#3**

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH, FL**

City & State

Zip

**33405**

Country

Zip

Country

4. FEI Number

**65-0653812**

Applied For

Not Applied For

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FLOW, KEELY**  
**1350 N. OCEAN BLVD.**  
**PALM BEACH FL 33480**

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PTD	FLOW, KEELY	1350 N. OCEAN BLVD.	PALM BEACH FL 33480	<input type="checkbox"/>
VD	WILSON, JOHN	251 8TH ST	WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/>
SD	MILNER, TARA	320 PLAZA REAL, #208	BOCA RATON FL 33432	<input checked="" type="checkbox"/>
DD	SCHLEGEL, RYAN	2000 MONROE ST., #2	HOLLYWOOD FL 33020	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/D	DOMINIC GIANNETTI	103 US HWY, SUITE 209	JUPITER, FL 33477	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/D	ALVARO PERGEYA	502 SW 1ST ST.	BOCA RATON, FL 33486	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T/D	JEREMY YURICEK	21481 TOWN LAKES DR.	BOCA RATON, FL 33486	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ILONA GRABARCZYK	210 E. OCEAN AVE.	LANTANA, FL 33462	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P/D	KEELY FLOW	1350 N. OCEAN BLVD.	PALM BEACH, FL 33480	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #