

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90034 021 \*\*\*\*61.25

**DOCUMENT # N96000002484**

1. Entity Name

**LOXAHATCHEE PRESERVE NATURE CENTER, INC.**

Principal Place of Business

Mailing Address

8264 NORTHLAKE BLVD.  
 W PALM BEACH FL 33412

8264 NORTHLAKE BLVD.  
 W PALM BEACH FL 33412-3300

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

**65-0675469**

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

**OLSON, W E**  
**200 SECOND STREET**  
**5TH FLOOR**  
**W PALM BEACH FL 33401**

Name **Kenneth Rearden**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1000 45th Street**  
 City **West Palm Beach** **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

*Kenneth Rearden*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/25/00*

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GLEASON, PAT</b>	
STREET ADDRESS	<b>1131 N. PALMWAY</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>STEIN, MIMI</b>	
STREET ADDRESS	<b>800 N OLIVE AVE</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GALE, MEG</b>	
STREET ADDRESS	<b>1726 N LAKESIDE DR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TREFRY, ALLEN</b>	
STREET ADDRESS	<b>14939 PALMWOOD ROAD</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>PLEASE SEE ATTACHMENT FOR COMPLETE</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

LIST OF OFFICERS AND DIRECTORS.

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 titles empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*Alfred J. Malefatto, Director* **4/17/00** **561-650-7900**

Date

Daytime Phone #

CR2E037 (9/99)