

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-21-2002 90059 010 ****61.25

DOCUMENT # N98000001868

1. Entity Name

PALM BEACH COUNTY PARTNERSHIP FOR AGING, INC

Principal Place of Business

Mailing Address

2600 QUANTUM BLVD.
BOYNTON BCH FL 33426

2600 QUANTUM BLVD.
BOYNTON BCH FL 33426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3503761

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLEISCHER, SUSAN
2699 STIRLING RD., SUITE C-304
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name: Eric Combast

Street Address (P.O. Box Number is Not Acceptable)

1400 Centrepark Blvd. Ste. 700

City: West Palm Beach

FL

Zip Code

33401-7419

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.

Eric Combast

(NOTE: Registered Agent signature required when re-registering)

02-07-02

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 CD
NAME FLEISCHER, SUSAN Delete
STREET ADDRESS 2699 STIRLING RD
CITY-ST-ZIP FT LAUDERDALE FL 33331

TITLE President Change Addition
NAME Eric Combast
STREET ADDRESS 1400 Centrepark Blvd Ste 700
CITY-ST-ZIP West Palm Beach, FL 33401-7419 D

TITLE COCD
NAME COHEN, BONNIE Delete
STREET ADDRESS 423 FERN ST
CITY-ST-ZIP WPB FL 33401 D

TITLE Vice President Change Addition
NAME Pamela Hapke
STREET ADDRESS 7000 W. Atlantic Ave
CITY-ST-ZIP Delray Beach FL 33446 D

TITLE TD
NAME YANKOW, JEFFREY Delete
STREET ADDRESS 2180 HYPOLUXO RD
CITY-ST-ZIP LANTANA FL 33462 D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE SD
NAME HAPKE, PAMELA Delete
STREET ADDRESS 7000 W. ATLANTIC AVE
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE Secretary
NAME David Florence
STREET ADDRESS 3923 Lake Worth Rd.
CITY-ST-ZIP Lake Worth, FL 33461 Change Addition D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Combast

02-07-02

Date

561-686-6300

Date/Time Phone #

CR2007 (9/01)