

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08941

1. Entity Name

LEADERSHIP PALM BEACH COUNTY, INC.

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90004 026 \*\*\*\*61.25

Principal Place of Business	Mailing Address
1001 ALTERNATE AIA BAYSIDE BUILDING JUPITER FL 33477 US	1001 ALTERNATE AIA BAYSIDE BUILDING JUPITER FL 33477 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2569097	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

BUSH, KATHY  
1001 ALTERNATE A1A  
BAYSIDE BLDG  
JUPITER FL 33477

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 Kathy Bush KATHY BUSH 1/14/00

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> Delete
NAME	BUSH, KATHY	
STREET ADDRESS	1001 ALTERNATE A1A	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERTISCH, ROBERT	
STREET ADDRESS	423 FERN STREET, SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SUGARMAN, JIM	
STREET ADDRESS	2701 N. AUSTRALIAN AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KRIELOW, GARY	
STREET ADDRESS	2700 P.G.A. BLVD., #203	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	RD	<input checked="" type="checkbox"/> Delete
NAME	STEWART, DEBORAH	
STREET ADDRESS	3372 FOREST HILL BLVD., WING A	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	KAHART PINDER	<input type="checkbox"/> Delete
NAME	2324 S. CONGRESS AVE + 1H	
STREET ADDRESS	WVB FL 33406	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NANCY GOLDMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	410 4TH TERRACE	
STREET ADDRESS	PGC FL 33418	
CITY-ST-ZIP		
TITLE	KAHART PINDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2324 S. CONGRESS AVE + 1H	
STREET ADDRESS	WVB FL 33406	
CITY-ST-ZIP		

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: KATHY BUSH 1/14/00 5617488182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)