

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756892

1. Entity Name

LOST TREE VILLAGE CHARITABLE FOUNDATION, INC.

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90005 001 ****61.25

Principal Place of Business Mailing Address
11555 LOST TREE WAY 11555 LOST TREE WAY
NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408-2908

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 59-2104920

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

GILLIN, JAMES
11555 LOST TREE WAY
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name
RAYMOND C. TOWER
Street Address (P.O. Box Number is Not Acceptable)
11555 Lost Tree Way
North Palm Beach
City FL Zip Code 33408

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 *Raymond C. Tower* Raymond C. Tower/President
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	PTR GILLIN, JAMES 11354 GOLF VIEW LANE NORTH PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR MRS DONALD O SCHNUCK 11474 TURTLE BCH RD N. PALM BEACH FL 33408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR HICKEY, JOSEPH M JR. 11260 OLD HARBOUR RD N PALM BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POUNDSTONE, WILLIAM N 11730 TURTLE BEACH RD NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR MCCALLUM, W.W. 1020 LAKE HOUSE DR. N. PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR MRS JOSEPH M HICKEY JR 11260 OLD HARBOUR RD N. PALM BEACH FL 33408	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR Raymond C. Tower 671 Turtle Beach Road North Palm Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR Mrs. John H. Grieb 11437 Old Harbour Road North Palm Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR W. Wallace McCallum 2120 Devonshire Way Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Raymond C. Tower* REQUIRED Raymond C. Tower/President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

4-3-00

Daytime Phone #