

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746554

1. Entity Name

PALM BEACH CHAMBER OF COMMERCE, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90028 035 ****61.25

Principal Place of Business

Mailing Address

45 COCOANUT ROW
PALM BEACH FL 33480

45 COCOANUT ROW
PALM BEACH FL 33480-4016

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

59-0389290

- Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEARY, MARTHA C.
45 COCOANUT ROW
PALM BEACH FL 33480

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

(NOTE: Registered Agent signature required when reinstating)

4/27/00
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 ☐ Delete
NAME VD
STREET ADDRESS MAUS, JOHN G.
CITY-ST-ZIP 312 WORTH AVE
PALM BCH FL

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TD
STREET ADDRESS LEONE, PAUL N CPA
CITY-ST-ZIP THE BREAKERS, ONE SOUTH COUNTY ROAD
PALM BEACH FL 33480

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS NEWMAN, JESSE D
CITY-ST-ZIP 1515 N OCEAN WAY
PALM BCH FL

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS BROOKS, WILLIAM J.
CITY-ST-ZIP 622 N FLAGLER DR
W PALM BCH FL

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ED
STREET ADDRESS CLEARY, MARTHA C.
CITY-ST-ZIP 45 COCOANUT ROW
PALM BCH FL

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS SEMADENI, DAVID K.
CITY-ST-ZIP 230 ROYAL PALM WAY, STE 403
PALM BEACH FL 33480

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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: MARTHA C. Cleary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
Date

Daytime Phone #

CR2E037 (9/99)