

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90312 041 \*\*\*\*61.25

**DOCUMENT # N92000000926**

1. Entity Name

**PALM BEACH COUNTY CHAPTER OF THE FLORIDA NATIVE**

Principal Place of Business

**202 GROVE WAY  
 DELRAY BEACH FL 33444  
 US**

Mailing Address

**202 GROVE WAY  
 DELRAY BEACH FL 33444  
 US**

2. Principal Place of Business

**7667 Park Lane Rd.  
 Suite, Apt. #, etc.**

3. Mailing Address

**SAME**  
 Suite, Apt. #, etc.

City & State

**LAKE WORTH FL**

City & State

**LAKE WORTH FL**

4. FEI Number

**65-0402004**

Applied For

Not Applicable

Zip

**33467**

Country

**USA**

Zip

**33467**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MOYROUD, RICHARD  
 202 GROVE WAY  
 DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name **RICHARD MOYROUD**

Street Address (P.O. Box Number is Not Acceptable) **7667 PARK LANE ROAD**

City **LAKE WORTH**

**FL**

Zip Code **33467**

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

**Richard MOYROUD**

**25 January 01**

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	VD	<input type="checkbox"/> Delete
NAME	OSORIO, RUFINO	
STREET ADDRESS	225 PRINCETON DR.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LOCKHART, CHRISTINE	
STREET ADDRESS	5421 ROSE MARIE AVE N	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOYROUD, RICHARD	
STREET ADDRESS	202 GROVE WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLOCKELMAN, CYNTHIA	
STREET ADDRESS	311 FRANKLIN ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUNTER, GLORIA S	
STREET ADDRESS	1716 13TH AVENUE NORTH	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	Terry Rinaldo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	901 18th Ave N	
STREET ADDRESS	LAKE WORTH, FL	
CITY-ST-ZIP	33460	
TITLE	Richard Moyroud	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7667 PARK LANE RD.	
STREET ADDRESS	LAKE WORTH FL 33467	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Richard MOYROUD 25 Jan 01 (561) 967-2630**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)