

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746554

1. Entity Name

PALM BEACH CHAMBER OF COMMERCE, INC.

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90018 049 ****61.25

Principal Place of Business

45 COCOANUT ROW
PALM BEACH FL 33480

Mailing Address

45 COCOANUT ROW
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

Name

Laurel T. Baker

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

45 Cocoanut Row

City Palm Beach

FL

Zip Code 33480

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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~~
NAME MAUS, JOHN G.
STREET ADDRESS 312 WORTH AVE
CITY-ST-ZIP PALM BCH FL ☐ Delete

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE V/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Philip H. Whitacre V/D ☐ Change ☒ Addition
NAME 44 Cocoanut Row
STREET ADDRESS Palm Beach, FL 33480
CITY-ST-ZIP

TITLE P/D ☐ Change ☒ Addition
NAME Pamela S. Hoffpauer
STREET ADDRESS 45 Cocoanut Row Palm Beach 33480
CITY-ST-ZIP

TITLE ~~ED~~
NAME Laurel T. Baker
STREET ADDRESS 45 Cocoanut Row Palm Beach 33480
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED

7/5/01

561.655.3282

CR2E037 (5/01)