

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005826

1. Entity Name

PALM BEACH CHAMBER OF COMMERCE FOUNDATION, INC.

FILED

May 14, 2002 8:00 am
Secretary of State

05-14-2002 90060 025 ****61.25

Principal Place of Business

Mailing Address

45 COCOANUT ROW
PALM BEACH FL 33480

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

Zip

Country

Zip

Country

4. FEI Number

65-0540824

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

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 PD
NAME HOFFPAUER, PAMELA
STREET ADDRESS 45 COCOANUT ROW
CITY-ST-ZIP PALM BEACH FL 33480 ☒ Delete

TITLE D
NAME DAVID H. SCAFF
STREET ADDRESS 255 SOUTH COUNTY ROAD
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Change ☒ Addition

TITLE VD
NAME WHITACRE, PHIL
STREET ADDRESS 45 COCOANUT ROW
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE PD
NAME
STREET ADDRESS 44 COCOANUT ROW M-201
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD
NAME MAUS, JOHN G.
STREET ADDRESS 45 COCOANUT ROW
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS 312 WORTH AVENUE
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE ED
NAME BAKER, LAUREL
STREET ADDRESS 45 COCOANUT ROW
CITY-ST-ZIP PALM BEACH FL ☐ Delete

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

TITLE SD
NAME SEMADENI, DAVID K.
STREET ADDRESS 45 COCOANUT ROW
CITY-ST-ZIP PALM BEACH FL 33480 ☒ Delete

TITLE D
NAME DANA THOMAS
STREET ADDRESS 223 SUNSET AVENUE #200
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAUREL T. BAKER 4/8/02 561.655.3282

CR2E037 (9/01)