

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90223 010 ****70.00

DOCUMENT # N09876

1. Entity Name

PALM BEACH COUNTY CITY MANAGEMENT ASSOCIATION, I NC.

Principal Place of Business

VILLAGE OF ROYAL PALM BEACH
 1050 ROYAL BEACH BLVD
 ROYAL PALM BEACH FL 33411
 US

Mailing Address

VILLAGE OF ROYAL PALM BEACH
 1050 ROYAL BEACH BLVD
 ROYAL PALM BEACH FL 33411
 US

2. Principal Place of Business

City of Greenacres

Suite, Apt. #, etc.
5985 10th Ave. North

City & State
Greenacres, FL

Zip

33463

Country

USA

3. Mailing Address

City of Greenacres

Suite, Apt. #, etc.
5985 10th Ave. North

City & State
Greenacres, FL

Zip

33463

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2552614

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, SHERYL
1050 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name
Atallah, Kladie
 Street Address (P.O. Box Number is Not Acceptable)
5985 10th Ave. North

City

Greenacres

FL

Zip Code

33463

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature] **Kladie Atallah, Secretary/Treasurer 8.9.02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GARRISON, KRISTIN 100 SEA ROAD GULF STREAM FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAWKINS, WILFRED 100 E BOYNTON BEACH BLVD BOYNTON BEACH FL 33425-0310	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEWART, SHERYL 1050 ROYAL BEACH BLVD ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hawkins, Wilfred 100 E. Boynton Beach Blvd. Boynton Beach, FL 33425	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Stewart, Sheryl 10500 N. Military Trail Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Atallah, Kladie 5985 10th Ave. North Greenacres, FL 33463	<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

CR2E037 (4/02)

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] **Kladie Atallah**

8.9.02 (54) 642-2017