

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-27-2003 90142 036 ****61.25

DOCUMENT # 732156

1. Entity Name

ECONOMIC COUNCIL OF PALM BEACH COUNTY, INC.



Principal Place of Business

**1555 PALM BEACH LAKES BLVD. #400
W PALM BCH FL 33401-2375**

Mailing Address

**1555 PALM BEACH LAKES BLVD. #400
W PALM BCH FL 33401-2375**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1575003**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, R. MICHAEL
1555 PALM BEACH LAKES BLVD, #400
W PALM BCH FL 33401-2375**

7. Name and Address of New Registered Agent

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

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

2/12/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	STUBBS, SIDNEY A	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEBOW, PATRICIA	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	NOBLE, LEO	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIDSON, ROY H	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CORBETT, JOHN	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD STE 400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lebow, Patricia	
STREET ADDRESS	1555 Palm Beach Lakes Blvd - Ste 400	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corbett, John	
STREET ADDRESS	1555 Palm Beach Lakes Blvd - Ste 400	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peterson, William	
STREET ADDRESS	1555 Palm Beach Lakes Blvd - Ste 400	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, Robert M	
STREET ADDRESS	1555 Palm Beach Lakes Blvd - Ste 400	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Link, Sartory Wendy	
STREET ADDRESS	1555 Palm Beach Lakes Blvd - Ste 400	
CITY-ST-ZIP	West Palm Beach, FL 33	
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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03
Date

Daytime Phone #

CR2E037 (10/02)