

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90132 039 \*\*\*\*61.25

**DOCUMENT # 715611**

**1. Entity Name**  
**BOYNTON BEACH HISTORICAL SOCIETY, INC.**



**Principal Place of Business**

P.O. BOX 12  
BOYNTON BEACH FL 33425  
US

**Mailing Address**

P.O. BOX 12  
BOYNTON BEACH FL 33425  
US

**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 59-2465514**

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**

MORITZ, LINDA  
6425 MONTEREY PINE LANE  
LANTANA FL 33462

Name **SUE BEAMAN**

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

**2010 S.W. 15TH STREET**

City **BOYNTON BEACH, FL**

Zip Code **33426**

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

**SUE BEAMAN, TREASURER**

**4/14/03**

(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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **P** ☒ Delete  
NAME **MORITZ, PETER**  
STREET ADDRESS **6425 MONTEREY PINE LANE**  
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **P** ☒ Change ☐ Addition  
NAME **VONCILE SMITH**  
STREET ADDRESS **1747 BANYAN CREEK COURT**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **D** ☐ Delete  
NAME **FARACE, VIRGINIA**  
STREET ADDRESS **208 S. SEACREST BLVD.**  
CITY-ST-ZIP **BOYNTON BCH FL**

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

TITLE **D** ☐ Delete  
NAME **OYER, HARVEY**  
STREET ADDRESS **511 EAST OCEAN AVE.**  
CITY-ST-ZIP **BOYNTON BEACH FL**

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

TITLE **S** ☒ Delete  
NAME **MORITZ, LINDA**  
STREET ADDRESS **6425 MONTEREY PINE LANE**  
CITY-ST-ZIP **LANTANA FL**

TITLE **S** ☒ Change ☐ Addition  
NAME **BETTY M. THOMAS**  
STREET ADDRESS **331 S.W. 11TH AVENUE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE **T** ☐ Delete  
NAME **BEAMAN, SUE**  
STREET ADDRESS **2010 S.W. 15TH STREET**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **SUE BEAMAN** **4/14/03** **561-732-8702**

CR2E037 (10/02)