

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700943

1. Entity Name

JUNIOR LEAGUE OF THE PALM BEACHES, INC.

Principal Place of Business

470 COLUMBIA DR
SUITE F101
WEST PALM BEACH FL 33409

Mailing Address

470 COLUMBIA DR
SUITE F101
WEST PALM BEACH FL 33409-1949

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

59-0873155

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

ALEXANDER, LARRY B
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401

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.

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 JENKINS, WANDA F
STREET ADDRESS 470 COLUMBIA DR #F101
CITY-ST-ZIP W PALM BCH FL

☒ Delete

TITLE PD
NAME VANDENBERG, BETH F
STREET ADDRESS 470 COLUMBIA DR #F101
CITY-ST-ZIP W PALM BCH FL

☐ Delete

TITLE PED
NAME BURGHI, LYNDIA
STREET ADDRESS 470 COLUMBIA DR #F101
CITY-ST-ZIP W PALM BCH FL

☐ Delete

TITLE RS
NAME HISLOP, JULIE S
STREET ADDRESS 470 COLUMBIA DR #F101
CITY-ST-ZIP W PALM BCH FL

☐ Delete

TITLE TD
NAME BRACCI, COLLEEN
STREET ADDRESS 470 COLUMBIA DR #F101
CITY-ST-ZIP W PALM BCH FL

☐ Delete

TITLE TED
NAME ARASIM, ANNIS
STREET ADDRESS 470 COLUMBIA DR #F101
CITY-ST-ZIP W PALM BCH FL

☐ Delete

TITLE P
NAME Kathy Tignor
STREET ADDRESS 470 Columbia Dr #101
CITY-ST-ZIP WPB, FL 33409

☐ Change

☒ Addition

TITLE VP
NAME Stacy Porcher
STREET ADDRESS Same
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE T
NAME Carol Cestepo
STREET ADDRESS Same
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 [Signature] 3/15/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-689-7590

80031032



DO NOT WRITE IN THIS SPACE

CR2F037 (9/00)