

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90154 001 \*\*\*122.50

**DOCUMENT # 703769**

1. Entity Name

**UNITED WAY OF PALM BEACH COUNTY, INC.**

Principal Place of Business

Mailing Address

2600 QUANTUM BLVD.  
 BOYTON BEACH FL 33426  
 US

P O BOX 20809  
 W PALM BCH FL 33416-0809

5317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0683258

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BADESCH, SCOTT B.**  
**2600 QUANTUM BLVD.**  
**BOYTON BEACH FL 33426**

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

TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>BADESCH, SCOTT B.</b>	
STREET ADDRESS	<b>2600 QUANTUM BLVD.</b>	
CITY-ST-ZIP	<b>BOYTON BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLANIAAN, JOHN</b>	
STREET ADDRESS	<b>625 N. FLAGLER DRIVE 9TH FLOOR</b>	
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOWARD, JOSEPH</b>	
STREET ADDRESS	<b>11300 US ONE- STE 400</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEWIS, BRUCE</b>	
STREET ADDRESS	<b>120 S. DIXIE HWY #205</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLOUGH, RANDY</b>	
STREET ADDRESS	<b>340 ROYAL PALM WAY #200</b>	
CITY-ST-ZIP	<b>PALM BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOWDEN, LANCE</b>	
STREET ADDRESS	<b>515 N FLAGLER DR #1000</b>	
CITY-ST-ZIP	<b>W PALM BCH FL 33402</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	<b>Levitt, Robert D</b>	
STREET ADDRESS	<b>2600 N. Military Tr #290</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
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: SIGNATURE REQUIRED **SCOTT BADESCH** *1/14/2000* *5613756600*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #