

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90071 001 ***140.00

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 33416-7809

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



DO NOT WRITE IN THIS SPACE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levitt, Robert	
STREET ADDRESS	Levitt Capital Management	
CITY-ST-ZIP	2101 NW Corporate Blvd, Ste 420	
	Boca Raton, FL 33431	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gale Howden	
STREET ADDRESS	The Palm Beach Post	
CITY-ST-ZIP	2751 S. Dixie Highway	
	West Palm Beach, FL 33405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, Rick	
STREET ADDRESS	REG Architects Inc.	
CITY-ST-ZIP	120 S. Dixie Hwy Ste 201	
	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2001

Date

561 3756600

Daytime Phone #

CR2E037 (10/00)