

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90222 039 ****70.00

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**

Mailing Address

~~P O BOX 2809
W PALM BEACH FL 33416-7809~~

2. Principal Place of Business

3. Mailing Address

2600 Quantum Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Bch

Zip

Country

Zip

Country

33426

Palm Beach

4. FEI Number **59-0683258**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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, 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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M**
NAME **BADESCH, SCOTT B.**
STREET ADDRESS **2600 QUANTUM BLVD.**
CITY-ST-ZIP **BOYTON BEACH FL**

☐ Delete

TITLE **D**
NAME **LEVITT, ROBERT**
STREET ADDRESS **2101 NW CORPORAE BLVD., STE 420**
CITY-ST-ZIP **BOCA RATON FL 33431**

☐ Delete

TITLE **D**
NAME **HOWDEN, GALE**
STREET ADDRESS **2751 S. DIXIE HWY.**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

☒ Delete

TITLE **D**
NAME **GONZALEZ, RICH**
STREET ADDRESS **120 S. DIXIE HWY., STE 201**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **Macon, Rod**
STREET ADDRESS **6001 Village Blvd**
CITY-ST-ZIP **West Palm Beach, FL 33407**

☐ Change ☒ Addition

TITLE **D**
NAME **Lewis, Bruce**
STREET ADDRESS **120 S. Dixie Highway # 205**
CITY-ST-ZIP **West Palm Beach, FL 33401**

☐ 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 REQUIRED

2/19/03 (561)375-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)