

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90114 037 ****70.00

DOCUMENT # 704785

1. Entity Name

THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

**471 SPENCER DRIVE
 WEST PALM BEACH FL 33409
 US**

**471 SPENCER DRIVE
 WEST PALM BEACH FL 33409
 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

59-1084179

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

**LESLIE, DORLA
 471 SPENCER DRIVE
 WEST PALM BEACH FL 33409**

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 **D** ☐ Delete
 NAME **CANTWELL, ANNE E**
 STREET ADDRESS **625 N. FLAGLER DR., SUITE 10**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☒ Change ☐ Addition
 NAME **CANTWELL, ANNE E**
 STREET ADDRESS **650 SO AUSTRALIAN AVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **DS** ☐ Delete
 NAME **BLUM, EVELYN**
 STREET ADDRESS **2305 SOUTH FLAGLER DRIVE**
 CITY-ST-ZIP **W PALM BCH FL 33401**

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

TITLE **D** ☐ Delete
 NAME **BEAMER, KATHRYN**
 STREET ADDRESS **1675 PB LAKES BLVD STE 700**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **DP** ☐ Delete
 NAME **MOREHOUSE, DEAN**
 STREET ADDRESS **717 KING ST STE 200**
 CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE **DP** ☒ Change ☐ Addition
 NAME **MOREHOUSE, DEAN**
 STREET ADDRESS **8800 PENNSYLVANIA AVE**
 CITY-ST-ZIP **UPPER MARLBORO, MARYLAND 20772**

TITLE **DT** ☐ Delete
 NAME **BEDASSE, ROBERT J. C.**
 STREET ADDRESS **11760 U. S. HWY 1 W TOWER 3RD FL**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **DT** ☒ Change ☐ Addition
 NAME **BEDASSE, ROBERT J. C.**
 STREET ADDRESS **11760 U.S. HWY 1 WEST TOWER 2ND FL**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **DV** ☐ Delete
 NAME **FELTZER, JOHN**
 STREET ADDRESS **9229 SE WOODS END PLACE**
 CITY-ST-ZIP **TEQUESTA FL 33469**

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

CR2E037 (9/01)