

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90174 001 ***141.00

DOCUMENT # 710456

1. Entity Name

GIRL SCOUTS OF PALM GLADES COUNCIL, INC.

Principal Place of Business

2728 LAKE WORTH ROAD
 LAKE WORTH FL 33461

Mailing Address

2728 LAKE WORTH ROAD
 LAKE WORTH FL 33461-4124

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0624403

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required..



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PRINE, KIM
1900 PHILLIPS PT. W.
777 S. FLAGLER DR.
WEST PALM BEACH FL 33401-3198

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.

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 | VD | <input type="checkbox"/> Delete |
| NAME | BARSCH, PATRICIA | |
| STREET ADDRESS | 107 SPEAR FISH LANE | |
| CITY-ST-ZIP | JUPITER FL 33477 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CHESTER, DON | |
| STREET ADDRESS | 129 SANTA LUCIA DR | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | KISSELL, GREGORY | |
| STREET ADDRESS | 19060 TOKEN WAY | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | ROSTOCK, EILEEN M DDS | |
| STREET ADDRESS | 19523 TRAILS END | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GLOWICKI, CAROL | |
| STREET ADDRESS | 2248-D WHITE PINE CIRCLE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | TURDO, LISA | |
| STREET ADDRESS | 8158 ANDOVER CT | |
| CITY-ST-ZIP | LAKE CLARK SHRS FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| 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 | |
| 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 | |
| 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: X

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00

(561) 967-2981

Date

Daytime Phone #

CR2E037 (9/99)