

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2001 91362 045 ****61.25

DOCUMENT # 711783

1. Entity Name

SAFETY COUNCIL OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

**770 SOUTH MILITARY TRAIL
W PALM BCH FL 33415**

**770 SOUTH MILITARY TRAIL
W PALM BCH FL 33415**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1168121

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

**WILLIAMS, JOHN MR
SOLID WATE AUTHORITY
7501 NORTH JOG RD
WEST PALM BEACH FL 33412**

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 NAME STREET ADDRESS CITY-ST-ZIP	P LUX, HARRY 821 AVENUE E RIVIERA BEACH FL 33404	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAWKINS, WILFRED 100 E BOYNTON BEACH BLVD BOYNTON BEACH FL 33425	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STORCK, TERRY 6500 CONGRESS AVE BOCA RATON FL 33487	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURROWS, TONI A 770 S MILITARY TRAIL W PALM BEACH FL 33415	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, JOHN 7501 NORTH JOG RD WEST PALM BEACH FL 33412	☐ 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

561 689 4733 & 16

Date

Daytime Phone #

CR2E037 (10/00)