

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03-03-2002 90061 021 \*\*\*\*\*8.75  
711783

DOCUMENT # 711783

1. Entity Name

SAFETY COUNCIL OF PALM BEACH COUNTY, INC.

02 APR -1 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

770 SOUTH MILITARY TRAIL  
W PALM BCH FL 33415

770 SOUTH MILITARY TRAIL  
W PALM BCH FL 33415



DO NOT WRITE IN THIS SPACE

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 \$81.25

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LUX, HARRY<br>821 AVENUE E<br>RIVIERA BEACH FL 33404                                | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>HAWKINS, WILFRED<br>100 E BOYNTON BEACH BLVD<br>BOYNTON BEACH FL 33425            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>STORCK, TERRY<br>6500 CONGRESS AVE<br>BOCA RATON FL 33487                          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BURROWS, TONI A<br>770 S MILITARY TRAIL<br>W PALM BEACH FL 33415                  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WILLIAMS, JOHN<br>7501 NORTH JOG RD<br>WEST PALM BEACH FL 33412                    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>Mark Ligon<br>Louis Dreyfus Citrus<br>15950 S W Kanner Hwy.<br>Indiantown, FL 34956 | <input type="checkbox"/> Delete            |

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

see attached

600005393086  
-04/30/02--01060--016

\*\*\*\*\*52.58 \*\*\*\*\*50

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: Colleen Santacrose 2/4/02 561 689 4133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)



# 71783/825732

## 2002 BOARD OF DIRECTORS

CHAIRMAN

1

Mr. Harry Lux  
Tropical Shipping  
821 Avenue "E"  
Riviera Beach, FL 33404

Tel. (561) 840-2930

(561) 844-0281

Fax (561) 840-2902

PRESIDENT

2

Mr. Wilfred Hawkins  
Ass't City Manager  
City of Boynton Beach  
100-E-Boynton-Beach-Blvd  
Boynton Beach, FL 33425-0310

Tel. (561) 742-6013

Secretary Joyce

Fax (561) 742-6011

VICE PRESIDENT

3

Mr. John Sabourin  
V.A. Hospital  
7305 N. Military Tr.  
West Palm Beach, FL 33410

Tel. (561) 882-6714

Fax (561) 882-7779

JSABOU2020@aol.com

SECRETARY

4

Mr. John Williams  
Solid Waste Authority  
7501 North Jog Road  
West Palm Beach, FL 33412

Tel. (561) 640-4000 Ext. 4406

Fax (561) 640-3400

TREASURER

5

Mr. Mark Ligon  
Louis Dreyfus Citrus  
15950 S.W. Kanner Hwy.  
Indiantown, FL 34956

Tel. (561) 597-3511 Ext. 143

Fax (561) 597-3065

6

Chris Abbott  
Calley Judge Grove  
4003 Seminole Pratt Whitney Road  
Loxahatchee, FL 33470

Tel. (561) 790-1601 Ext 505

Fax (561) 790-2150

7

Mr. Jim Browning  
Perry Slingsby Systems, Inc.  
821 Jupiter Park Dr.  
Jupiter, FL 33458

Tel. (561) 743-7000

Fax (561) 743-1313

Attachment #711783 / 825732

- Mr. Robert W. Culberson  
Asst. Treasurer & Risk Manager  
8. U.S Sugar Corporation  
P.O. Drawer 1207  
Clewiston, FL 33440  
Tel. (863) 902-2121  
Secretary Carol  
Fax (863) 902-2412
- Mr. Gale English  
General Manager  
9. South Indian River Water Control District  
15600 Jupiter Farms Rd  
Jupiter, FL 33478  
Tel. (561) 747-0550  
Fax (561) 747-9182
- Mr. Rick Hawkins  
Director of Materials Management  
10. The Breakers Hotel  
1 South County Rd  
Palm Beach, FL 33480  
Tel. (561) 655-6611 Ext. 6638  
Fax (561) 659-8494  
RHawkins@TheBreakers.com
- Mr. Dan Holland  
Summit Loss Control  
11. 13386 Miles Stardish Court  
Palm Beach Gardens, FL 33410  
Tel. (561) 262-0105  
Fax (561) 624-1047
- Steve Harvath  
SFWMD  
12. 210 Atlantic Avenue  
Stuart, FL 34994  
Tel. (561) 223-2600  
Ext. 3617  
Fax (561) 682-5430  
sharvat@sfwmd.gov
- Mr. Rick Infante  
Golder Associates  
13. 6420 Congress Avenue #2000  
Boca Raton, FL 33487  
Tel. (561) 994-9910  
Fax (561) 994-9393
- Mr. Peter Pimentel  
Northern P.B.C. Improvement Dist.  
14. 357 Hiatt Drive  
Palm Beach Gardens, FL 33418  
Tel. (561) 624-7830  
Fax (561) 624-7839
- Rick Pintado  
Hardrives  
15. 2350 South Congress Avenue  
Delray Avenue, FL 33445  
Tel. (561) 278-0456  
Fax (561) 278-2147
- Mr. Luis Santini  
Motorola  
16. 1500 Gateway Blvd ms-41  
Boynton Beach, FL 33426  
Tel. (561) 739-2383  
Fax (561) 739-8275

# Attachment #711783/ 825732

17.

Phyliss Stirparo  
City of Palm Beach Gardens  
10500 North Military Trail  
Palm Beach Gardens, FL 33410

Tel. (561) 799-4166

Fax (561) 799-4106

18.

Ms. Karen Temme  
Risk Coordinator  
Town of Palm Beach  
360 South County Road  
Palm Beach, FL 33480

Tel. (561) 838-5496

Fax (561) 838-5497

ktemme@townofpalmbeach.com

19.

John Terwilliger  
Mutual of America  
1150 Broken Sound Pkwy, NW  
Boca Raton, FL 33487

Tel. (561) 241-4016

Fax (561) 241-4013

20.

Mr. Greg Thompson  
EMI Corporation  
700 Central Parkway  
Stuart, FL 34994

Tel. (561) 287-7650 Ext. 4407

Fax (561) 287-1387

HONORARY

Paul Bebout  
433 NE 8<sup>th</sup> Street  
Boca Raton, FL 33432

Tel. (561) 392-1518

AR/UBR Batch # 40712

*Scan Only*



**COR - ANN REP/UNIFORM BUS REP**

|                   |                                                     |
|-------------------|-----------------------------------------------------|
| Prep. Name: _____ | Scanner Name: <u>          <i>mw</i>          </u>  |
| Prep. Date: _____ | Box Number: <u>          <i>Q-263</i>          </u> |