

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90186 044 ****61.25

DOCUMENT # 711917

1. Entity Name

PALM BEACH COUNTY GENEALOGICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

FLAGLER PARK, CLEMATIS STREET
P.O. BOX 1746
WEST PALM BEACH FL 33402

FLAGLER PARK, CLEMATIS STREET
P.O. BOX 1746
WEST PALM BEACH FLA 33402-1746

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

23-7107721

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

SHEPLEY, RAYMOND
212 DYER ROAD
WEST PALM BEACH FL 33405

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 **RAYMOND SHEPLEY, Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8 JAN 2000

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	SD	<input checked="" type="checkbox"/> Delete
NAME	WHITTINGTON, MARILYN A	
STREET ADDRESS	701 N.W. 5TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33432-2509	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENTSCH, MRS ALVIN	
STREET ADDRESS	3802 LAKE OSBORNE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33461-6010	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, BRETT D	
STREET ADDRESS	237 WEDGEWOOD CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463-3070	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, DAHRL E	
STREET ADDRESS	400 N.E. 20TH STREET, A-206	
CITY-ST-ZIP	BOCA RATON FL 33431-8102	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHEPLEY, RAYMOND	
STREET ADDRESS	212 DYER ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405-1218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, RUTH BURR	
STREET ADDRESS	52 Yacht Club Dr #204, N Palm Beach, FL	
CITY-ST-ZIP	33408-3909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARJORIE WATTS NELSON	
STREET ADDRESS	4754B Greentree Dr, Boynton Bch, FL	
CITY-ST-ZIP	33436	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE BURDICK WILLIAMS	
STREET ADDRESS	410 Peivateer Rd N Palm Bch, FL	
CITY-ST-ZIP	33408-	
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:

SIGNATURE REQUIRED
RAYMOND SHEPLEY

8 JAN 2000 (121) 833-2640

Date Daytime Phone #

CR2E037 (9/99)