

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90020 034 \*\*\*\*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 100 CLEMATIS ST.  
WEST PALM BEACH FL 33402

FLAGLER PARK, CLEMATIS STREET  
P.O. BOX 1746 100 CLEMATIS ST.  
WEST PALM BEACH FL 33402



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 **23-7107721**

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

**SHEPLEY, RAYMOND**  
**212 DYER ROAD**  
**WEST PALM BEACH FL 33405 -1218**

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  
**SD**  
**POWELL, RUTH BURR**  
**52 YACHT CLUB DR #204**  
**NORTH PALM BEACH FL 33408-3909** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**DALTON, AUDREY A.**  
**5800 GARDEN AVE**  
**WEST PALM BEACH, FL 33405-3116** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**LENTSCH, MRS ALVIN**  
**3802 LAKE OSBORNE DRIVE**  
**LAKE WORTH FL 33461-6010** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD**  
**WATTS NELSON, MAJORIE**  
**47548 GREENTREE DR**  
**BOYNTON BEACH FL 33436-4106** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PPD**  
**MOORE, DAHRL E**  
**400 N.E. 20TH STREET, A-206**  
**BOCA RATON FL 33431-8102** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD**  
**SHEPLEY, RAYMOND**  
**212 DYER ROAD**  
**WEST PALM BEACH FL 33405-1218** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**BURRICK WILLIAMS, JOYCE**  
**410 PEIVATEER RD NORTH**  
**NORTH PALM BEACH FL 33408-4330** ☐ Delete

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:

**RAYMOND SHEPLEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1 FEBRUARY 2001** **1-561-833-2640**  
Date Daytime Phone #

CR2E037 (10/00)