

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90305 009 ****61.25

DOCUMENT # 718794

1. Entity Name

NELLE SMITH RESIDENCE FOR GIRLS, INC.

Principal Place of Business

P.O. BOX 910
 WEST PALM BEACH FL 33402
 US

Mailing Address

P.O. BOX 910
 WEST PALM BEACH FL 33402
 US

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

59-1313197

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

ARPE, MARY C
ONE CLEARLAKE CENTRE, 250 SOUTH AUSTRALIAN
1010
WEST PALM BEACH FL 33401

Name

Michelle Huhn

Street Address (P.O. Box Number is Not Acceptable)

408 Gulf Road

City

North Palm Beach

FL

Zip Code

33408

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 **D** ☐ Delete
 NAME **SMITH, D. CULVER III**
 STREET ADDRESS **625 NORTH FLAGLER DRIVE, SUITE 700**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **PD President** ☐ Change ☒ Addition
 NAME **Michelle Huhn**
 STREET ADDRESS **408 Gulf Road**
 CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE **D** ☐ Delete
 NAME **BUSH, EDITH**
 STREET ADDRESS **1444 EIGHTH STREET**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **TD Treasurer** ☐ Change ☒ Addition
 NAME **Margaret Faichney**
 STREET ADDRESS **11380 Prosperity Farms Rd #112**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **VD** ☐ Delete
 NAME **SICILIANO-HARTT, SARAH DR**
 STREET ADDRESS **1050 N.W. 15TH STREET, #111A**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D Director** ☐ Change ☒ Addition
 NAME **Gigi Tylander**
 STREET ADDRESS **225 So. County Road**
 CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **D** ☐ Delete
 NAME **NEALY, JOHN**
 STREET ADDRESS **1560 6TH STREET**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D Director** ☐ Change ☒ Addition
 NAME **Mary Kay Murray**
 STREET ADDRESS **1707 No. Lakeside Drive**
 CITY-ST-ZIP **Lake Worth, FL 33460**

TITLE **DDX D** ☐ Delete ☒ Change
 NAME **ARPE, MARY C**
 STREET ADDRESS **250 S. AUSTRALIAN AVEN., #1010**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **SD** ☐ Delete
 NAME **BOYLE, EILEEN**
 STREET ADDRESS **2600 QUANTAM BLVD.**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)