

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90137 013 ****61.25

DOCUMENT # 719922

1. Entity Name

WEST PALM BEACH AMATEUR RADIO CLUB, INC.

Principal Place of Business

359 SOUTH COUNTY RD.
 PALM BEACH FL 33480
 US

Mailing Address

PO BOX 6834
 WEST PALM BEACH FL 33405-6834
 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

59-2434767

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUCKENMIER, GRAF
359 SOUTH COUNTY RD.
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name **Manny Papandreas**

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

32 Barberton Rd.

City **Lake Worth** FL Zip Code **33467**

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	PD PAPANDEAS, E.G.	<input type="checkbox"/> Delete
STREET ADDRESS	32 BARBERTON RD.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE NAME	VD BUCKENMAIER, GRAF	<input type="checkbox"/> Delete
STREET ADDRESS	359 SOUTH COUNTY RD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE NAME	SD PEACE, WALTER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	221 HEUTHORNE DR.	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE NAME	TD VERESS, NANCY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	391 MOZART RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE NAME	D JACKSON, KEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4432 HOLLY DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	SD Richard Schofield	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2120 Lake Osborne DR, # 2	
CITY-ST-ZIP	Lake Worth FL 33461	
TITLE NAME	TD J.P. O'Callaghan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	338 Alhambra PL	
CITY-ST-ZIP	West Palm Beach FL 33405	
TITLE NAME	D Walter Peace	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	221 Henthorne DR	
CITY-ST-ZIP	Palm Springs FL 33461	
TITLE NAME	D Nancy Veress	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	391 Mozart Rd	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

E. Buckenmaier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP 01-11-01

Date

Daytime Phone #

561 655
 5766

CR2E037 (10/00)