

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

0050814

**DOCUMENT # 722248**

1. Entity Name

**CERAMIC LEAGUE OF THE PALM BEACHES, INC.**

03-26-2001 90148 015 \*\*\*\*61.25

Principal Place of Business <b>CRAFT GALLERY 5911 SOUTH DIXIE WEST PALM BEACH FL 33405 US</b>	Mailing Address <b>C/O PATRICIA MEARS 130 CYPRESS AVE WEST PALM BEACH FL 33415</b>
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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 **23-7200978** Applied For  Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MEARS, PATRICIA  
 130 CYPRESS AVE.  
 WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ATD TURECKI, ALICE 733 WATERWAY DR N PALM BEACH FL 33408</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MEARS, PATRICIA 130 CYPRESS AVE W. PALM BEACH FL 33415</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD EATON, MARGERY 1408 INDIAN RD. W. PALM BEACH FL 33406</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KUHL, DELORIS 8021 S.E. HOMSTEAD AVE HOBE SOUND FL 33455</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD BITTLE, EVELYN 4210 HACINTH CIRCLE PALM BEACH GARDENS FL 33410</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SIEGEL, SALLY 131 WATERS EDGE DRIVE JUPITER FL 33477</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD EATON, Margery 1408 Indian Rd. West Palm Beach, FL 33406</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ass. Secretary - ASD Barton, Lois 16486 95th Ave N. Jupiter, FL 33478</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Kuhl, Deloris 8021 S.E. Homestead Ave. Hobe Sound, FL 33455</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Patricia Mears* **MEARS, Patricia** **2-21-01** **561-689-4532**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)