

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90246 050 ****61.25

DOCUMENT # 722248

1. Entity Name
CERAMIC LEAGUE OF THE PALM BEACHES, INC.



Principal Place of Business

**CRAFT GALLERY
5911 SOUTH DIXIE
WEST PALM BEACH FL 33405
US**

Mailing Address

**C/O PATRICIA MEARS
130 CYPRESS AVE
WEST PALM BEACH FL 33415**

00010001



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **23-7200978**

Applied For
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	ATD	<input type="checkbox"/> Delete
NAME	TURECKI, ALICE	
STREET ADDRESS	733 WATERWAY DR.	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEARS, PATRICIA	
STREET ADDRESS	130 CYPRESS AVE	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EATON, MARGERY	
STREET ADDRESS	1408 INDIAN RD.	
CITY-ST-ZIP	W. PALM BEACH FL 33406	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KUHL, DELORIS	
STREET ADDRESS	8021 S.E. HOMSTEAD AVE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BARTON, LOIS	
STREET ADDRESS	16486 95TH AVE N.	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIEGEL, SALLY	
STREET ADDRESS	131 WATERS EDGE DRIVE	
CITY-ST-ZIP	JUPITER FL 33477	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Patricia Mears
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-03
Date

Daytime Phone #

CR2E037 (10/02)