2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2000 8:00 am DOCUMENT # 729646 **Secretary of State** 1. Entity Name 02-07-2000 90063 013 ****61.25 THE ROYAL PALM AUDUBON SOCIETY, INC. Principal Place of Business Mailing Address P.O. BX 31 PO BOX 31 Described **BOCA RATON FL 33429-0031 BOCA RATON FL 33429** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7242612 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - 6.- Name and Address of Current Registered Agent. Name Street Address (P.O. Box Number is Not Acceptable) SHOR, JOEL A. 170 SPANISH RIVER BLVD., WEST **BOCA RATON FL 33431** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE IRVING, MARY NAME NAME STREET ADDRESS STREET ADDRESS 1200 NW 24TH AVE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL Delete TITLE Change TITLE ROBBINS, DOTTIE NAME NAME STREET ADDRESS STREET ADDRESS 1331 SW 12TH ST. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Delete TITLE TITLE NAME NAME PARMALLEE, ALAN STREET ADDRESS STREET ADDRESS 4765 N.W. 6TH CT CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Change ☐ Delete TITLE TITLE NAME NAME HORN, ANN STREET ADDRESS STREET ADDRESS 3094 CADIZ RD CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change NAME NAME . STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

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