

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90107 027 \*\*\*\*70.00

**DOCUMENT # 735420**

1. Entity Name

**PALM BEACH COUNTY CHAPTER OF THE SOCIETY OF FINA**

Principal Place of Business

Mailing Address

1217 LAKE GENEVA DR.  
 LAKE WORTH FL 33461-6043  
 US

P. O. BOX 151  
 LAKE WORTH FL 33460-0151  
 US

2. Principal Place of Business

3. Mailing Address

1217 LAKE GENEVA DRIVE  
 Suite, Apt. #, etc.

P.O. BOX 151  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**LAKE WORTH FL**

City & State  
**LAKE WORTH FL**

4. FEI Number  
**59-2346491**

Applied For  
 Not Applicable

Zip  
**33461-6043** Country  
**Palm Beach**

Zip  
**33460-0151** Country  
**Palm Beach**

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

HANSEN, RODERIC P  
 PACIFIC LIFE  
 250 S AUSTRALIAN AVE #701  
 WEST PALM BCH FL 33401

Name **SHERI K Godwin MBA CLU CHFC**

Street Address (P.O. Box Number is Not Acceptable)  
**49 WEST CYPRESS ROAD**

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

**SHERI K Godwin**

**5/01/00**

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. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSEN, RODERICK P 250 S AUSTRALIAN AVE #701 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GODWIN, SHERI K 49 W CYPRESS RD LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAYMOND, ROBERTA 2090 PALM BEACH LAKES BLVD #400 WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP FISCHER, ERIC J 1800 S AUSTRALIAN AVE #202 WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHERI K Godwin MBA CLU CHFC 49 WEST CYPRESS Rd LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RICHARD MARCINIAK CLU 1150 BEAR ISLAND DRIVE WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP RODERICK P HANSEN CFP, CLU, CHFC 2385 EXECUTIVE CIR DR #260 BOCA RATON FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID CLAUDIA MCKAY CFP, CLU, CHFC 1665 PALM BEACH LAKES BLVD #409 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" 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

**SHERI K Godwin**

**5/01/00**

**561/967-5698**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20017 (9/99)