

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735420

1. Entity Name

PALM BEACH COUNTY CHAPTER OF THE SOCIETY OF FINA

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

SAME as above

3. Mailing Address

SAME as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2346491

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GODWIN, SHERI K
49 WEST CYPRESS ROAD
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

CLAUDIA MCKAY

Street Address (P.O. Box Numbers Not Acceptable)

1665 PALM BEACH LAKES BLVD #409

City

WEST PALM BEACH

FL

Zip Code
33401

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

Claudia B. McKay

CLAUDIA MCKAY

4/17/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSEN, RODERICK P 250 S AUSTRALIAN AVE #701 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GODWIN, SHERI K 49 W CYPRESS RD LAKE WORTH FL 33467	<input 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 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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAUDIA MCKAY 1665 PALM BEACH LAKES BLVD #409 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOE FERNANDEZ JR 40 SE 5th ST #600 BOCA RATON FL 33432-6090	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD + TD ROBERT CORY. 2500 NORTH MILITARY TRAIL #465 BOCA RATON, FL 33431-7382	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP SHERI K Godwin 49 West Cypress Rd LAKE WORTH FL 33467	<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

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:

Claudia B. McKay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIA MCKAY 4/17/01

Date

Daytime Phone #

561
640-9595

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

04-26-2001 90226 029 *****70.00

749022



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)