

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90205 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 750613**

1. Entity Name

**THE PRESERVATION FOUNDATION OF PALM BEACH, INC.**

Principal Place of Business

Mailing Address

356 SOUTH COUNTY RD  
 PALM BEACH FL 33480

356 SOUTH COUNTY RD  
 PALM BEACH FL 33480-4442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1989832**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHOPIN, L. FRANK**  
**440 ROYAL PALM WAY**  
**STE 200**  
**PALM BEACH FL 33480**

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

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VTTR	<input type="checkbox"/> Delete
NAME	SCHULER, JOHN H	
STREET ADDRESS	200 JUNGLE RD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	STR	<input type="checkbox"/> Delete
NAME	CHOPIN, L FRANK	
STREET ADDRESS	440 ROYAL PALM WAY STE 200	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	PTR	<input type="checkbox"/> Delete
NAME	MASHEK, JOHN D J	
STREET ADDRESS	82 MIDDLE RD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** **John D. Mashek, Jr., President** (561) 832-0731  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)