

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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90116 009 \*\*\*\*61.25

001514

**DOCUMENT # 750613**



1. Entity Name  
**THE PRESERVATION FOUNDATION OF PALM BEACH, INC.**

Principal Place of Business  
**356 SOUTH COUNTY RD  
PALM BEACH FL 33480**

Mailing Address  
**356 SOUTH COUNTY RD  
PALM BEACH FL 33480**

**60011992**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1989832</b>	Applied For
	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CHOPIN, L. FRANK**  
**50 SOUTH FLAGLER DRIVE**  
**STE. 300**  
**WEST PALM BEACH FL 33401**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>EVPT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULER, JOHN H</b>	NAME	
STREET ADDRESS	<b>200 JUNGLE RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	CITY-ST-ZIP	
TITLE	<b>STR</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHOPIN, L. FRANK</b>	NAME	
STREET ADDRESS	<b>505 SOUTH FLAGLER DRIVE, STE. 300</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	CITY-ST-ZIP	
TITLE	<b>PTR</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASHEK, JOHN D JR.</b>	NAME	
STREET ADDRESS	<b>82 MIDDLE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	CITY-ST-ZIP	
TITLE	<b>EVP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBB, DAVID B JR.</b>	NAME	
STREET ADDRESS	<b>TWO SHELDRAKE LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

**SIGNATURE REQUIRED** *David B Robb*

(561)832-0731

CR2E037 (10/02)