

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751373

1. Entity Name

SICKLE CELL FOUNDATION OF PALM BEACH COUNTY, INC

Principal Place of Business

1600 N AUSTRALIAN AVE
WEST PALM BCH FL 33407
US

Mailing Address

1600 N AUSTRALIAN AVE
WEST PALM BEACH FL 33407-621
US

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

59-1975315

Applied For

Not Applicable

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

HUDNELL, CHARLIE
1203 WEST CHESTER DR E
WEST PALM BEACH FL 33409

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 NAME	T DAVIS, JAMES	☒ Delete
STREET ADDRESS	3228 GUN CLUB RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE NAME	RS WILEY, SARAH	☒ Delete
STREET ADDRESS	515 S SEQUOIA #112	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE NAME	PD HUDNELL, CHARLIE B	☐ Delete
STREET ADDRESS	1203 WESTCHESTER DRIVE, EAST	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE NAME	VPD BUSH, BARBARA	☐ Delete
STREET ADDRESS	3116 AUSTRALIAN CT	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	T Dillon, Michael R.	☒ Change ☐ Addition
STREET ADDRESS	101 Princwood Lane	
CITY-ST-ZIP	101 Princwood Lane	
TITLE NAME	RS Palm Beach Gardens FL 33410	☒ Change ☐ Addition
STREET ADDRESS	Smith-Gordon, Salesia V., Esq	
CITY-ST-ZIP	1101 Olive Ave.	
TITLE NAME	West Palm Beach, FL 33401	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
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: Charlie B. Hudnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

561-833-3113

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)