

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90050 044 ****61.25

DOCUMENT # 756683

1. Entity Name

BIG BROTHERS/BIG SISTERS OF PALM BEACH COUNTY, I NC.

Principal Place of Business

Mailing Address

2112 CONGRESS AVE SOUTH
 SUITE 200
 WEST PALM BEACH FL 33406
 US

2112 CONGRESS AVE SOUTH
 SUITE 200
 WEST PALM BEACH FL 33406
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2078576

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

CALLAGHAN, ELIZABETH
3851 NORTH OCEAN BLVD
CONDO # 115
GULFSTREAM FL 33483

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

Elizabeth Callaghan
EXECUTIVE DIRECTOR

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-15-02

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 **ED** Delete
 NAME **CALLAGHAN, ELIZABETH**
 STREET ADDRESS **3851 NORTH OCEAN BLVD CONDO # 115**
 CITY-ST-ZIP **GULFSTREAM FL 33483**

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **KLIMEK, CHERYL C**
 STREET ADDRESS **230 ROYAL PALM WAY SUITE 211**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **TR** Change Addition
 NAME **Dunay, Mary**
 STREET ADDRESS **5770 E. Coach House Circle**
 CITY-ST-ZIP **Boca Raton, FL 33468**

TITLE **1VPD** Delete
 NAME **THOMPSON, LARRY**
 STREET ADDRESS **2329 CYPRESS TREE CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **2VPD** Delete
 NAME **HENDERSON, DONALD**
 STREET ADDRESS **P.O. BOX 9791**
 CITY-ST-ZIP **RIVIERA BEACH FL 33419**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **SARTORY, RICHARD**
 STREET ADDRESS **4134 LAKESPUR CIRCLE SOUTH**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SELLERS, JEFF**
 STREET ADDRESS **49 BALFOUR ROAD EAST**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE Change 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

Elizabeth Callaghan
EXECUTIVE DIRECTOR

3-19-02 561966-4120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)