

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760726

1. Entity Name
PALM BEACH COUNTY CHAMBER OF COMMERCE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90025 025 ****61.25

Principal Place of Business Mailing Address
401 N FLAGLER DRIVE 401 N FLAGLER DRIVE
W. PALM BEACH FL 33401 W. PALM BEACH FL 33401-4305



DO NOT WRITE IN THIS SPACE

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 **59-0504407** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GRADY, DENNIS
401 N. FLAGLER DRIVE
W. PALM BEACH FL 33401

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 | TCE | <input type="checkbox"/> Delete |
| NAME | MAAS, EDWARD | |
| STREET ADDRESS | 2820 HACKNEY ROAD | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33331 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | STAUDINGER, RICHARD | |
| STREET ADDRESS | 6400 CONGRESS AVE 2500 | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | HERTZ, CLIFF | |
| STREET ADDRESS | 400 AUSTRALIAN AVE #500 | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | REILLY, CURT | |
| STREET ADDRESS | 701 NORTHPOINT PARKWAY SUITE 410 | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | C | <input checked="" type="checkbox"/> Delete |
| NAME | SACHS, PETER | |
| STREET ADDRESS | 505 S FLAGLER DR #1100 | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GRADY, DENNIS | |
| STREET ADDRESS | 401 N FLAGLER DRIVE | |
| CITY-ST-ZIP | W PAM BEACH FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | CHAIR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | CHAIR-ELECT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SECRETARY/DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Wendy Sartory Link | |
| STREET ADDRESS | 222 Lakeview Ave., #1330 | |
| CITY-ST-ZIP | West Palm Beach, FL 33401 | |
| 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: SIGNATURE OF DENNIS GRADY DENNIS GRADY 4/24/00 561-833-3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)