

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763735

1. Entity Name

LEAGUE OF WOMEN VOTERS OF THE WEST PALM BEACH AR

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90040 017 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 2564
WEST PALM BEACH FL 33402

P.O. BOX 2564
WEST PALM BEACH FL 33402-2564

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6178300

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

NEFF, CAROLYN H
374 GOLFVIEW RD
#304
NORTH PALM BEACH FL 33408

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 PD
NAME HADDEN, BETTY
STREET ADDRESS 1248 SURF RD
CITY-ST-ZIP SINGER ISLAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME SILVERBLATT, ROSE
STREET ADDRESS 4 GREENWAY VILLAGE NO, #108
CITY-ST-ZIP ROYAL PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME NEFF, CAROLYN H
STREET ADDRESS 374 GOLFVIEW RD #304
CITY-ST-ZIP NORTH PALM BEACH FL 33408

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME GREENFIELD, AIMIE J.
STREET ADDRESS 308 WELLINGTON F
CITY-ST-ZIP WEST PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME LILLY, MARILYN
STREET ADDRESS 110 COMMODORE DR
CITY-ST-ZIP JUPITER FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME RICHARDS, ELIZABETH
STREET ADDRESS 7210 CRYSTAL DR
CITY-ST-ZIP WEST PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

CAROLYN H. NEFF *2/22/2000* *561-355-2650*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)