

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90031 043 ****61.25

DOCUMENT # 770259

1. Entity Name

THE EXECUTIVE WOMEN OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7476
 WEST PALM BEACH FL 33405

P.O. BOX 7476
 WEST PALM BEACH FL 33405-7476

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

59-2382645

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRIME OFFICE SYSTEMS & SOLUTIONS
18838 N OSPREY WAY
JUPITER FL 33458

Name **JANE C. PIKE**

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

Jane C Pike

4/22/00

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 **D** Delete
 NAME **GOLDMAN, NANCY**
 STREET ADDRESS **410 FOURTH TERRACE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **TD** Change Addition
 NAME **KAREN CLARKE**
 STREET ADDRESS **139 Egret DRIVE**
 CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **PD** Delete
 NAME **HOWARD, MIMI**
 STREET ADDRESS **3932 RCA BLVD SUITE 3204**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **SD** Change Addition
 NAME **DOROTHY EWING**
 STREET ADDRESS **301 N. OLIVE AVE # 5TH FLR.**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **TD** Delete
 NAME **VEIL, MICHELE G**
 STREET ADDRESS **777 S FLAGLER DR SUITE 500E**
 CITY-ST-ZIP **W PALM BEACH FL 33401**

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

TITLE **VD** Delete
 NAME **HEINS, NANCY LEWIS**
 STREET ADDRESS **111 STILL LAKE DR**
 CITY-ST-ZIP **JUPITER FL 33458**

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

TITLE **SD** Delete
 NAME **JACKSON, CYNTHIA**
 STREET ADDRESS **500 AUSTRALIAN AVE SO 10TH FL**
 CITY-ST-ZIP **W PALM BEACH FL 33402**

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

TITLE **D** Delete
 NAME **HAMILTON, PATTI W**
 STREET ADDRESS **1000 AVENUE OF THE CHAMPIONS**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** Change Addition
 NAME **JOYCE ELDEN**
 STREET ADDRESS **400 Australian Ave So # 500**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)