

2/16/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

02-16-2001 90029 038 ****61.25

DOCUMENT # 770763

1. Entity Name

PALM BEACH COUNTY JUVENILE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

JUVENILE ASSESSMENT CENTER
 3400 BELVEDERE RD
 WEST PALM BEACH FL 33406
 US

P O BOX 3592
 WEST PALM BEACH FL 33402-3592
 US

J U V E N I L E



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2422001

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

Name Mike Van WagenerStreet Address (P.O. Box Number is Not Acceptable)
2112 S. Congress Avenue, Suite 102City West Palm Beach FL Zip Code 33406

BROOKS, TRISTE
 5312 BROADWAY
 WEST PALM BEACH FL 33407

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

Mike Van Wagener
 Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/5/2001
 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 ☐ Delete
 NAME **TD**
 STREET ADDRESS **BROOKS, TRISTE**
 CITY-ST-ZIP **5312 BROADWAY**
WEST PALM BEACH FL 33407

TITLE ☒ Change ☐ Addition
 NAME **Brooks Triste**
 STREET ADDRESS **5312 Broadway**
 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BEWSEE, SHEILA**
 CITY-ST-ZIP **1700 N DIXIE HIGHWAY**
WEST PALM BEACH FL 33407

TITLE ☒ Change ☐ Addition
 NAME **Bewsee Sheila**
 STREET ADDRESS **324 Datura Street, Ste 401**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **HEALY, KATHY**
 CITY-ST-ZIP **11301 SE TEQUESTA TERRACE**
TEQUESTA FL 33409

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **Nelson, Debra**
 CITY-ST-ZIP **3330 Forest Hill Blvd**
West Palm Beach, FL 33406

TITLE ☒ Delete
 NAME **VPD**
 STREET ADDRESS **POPELKA, GAIL**
 CITY-ST-ZIP **2500 METROCENTRE BLVD #3**
WEST PALM BEACH FL 33407

TITLE ☐ Change ☒ Addition
 NAME **VPD**
 STREET ADDRESS **Wingate Tessie**
 CITY-ST-ZIP **3408 Belvedere Road**
West Palm Beach, FL 33406

TITLE ☒ Delete
 NAME **VPD**
 STREET ADDRESS **LINDOR, DAGMAR**
 CITY-ST-ZIP **1199 LANTANA RD., COTTAGE 18**
LANTANA FL

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **McDonald, Alice**
 CITY-ST-ZIP **471 Spencer Drive**
West Palm Beach, FL 33409

TITLE ☒ Delete
 NAME **VPD**
 STREET ADDRESS **VALDES, ANA**
 CITY-ST-ZIP **1222 ESSEX DR**
W PALM BCH FL 33214

TITLE ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **Van Wagener, Mike**
 CITY-ST-ZIP **2112 S. Congress Ave, Suite 102**
West Palm Beach, FL 33406

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:

Mike Van Wagener
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/2001
561-6498787

CR2E037 (10/00)

attachment
770763
624363

Item 11. (Continued)

Title: Director
Name: DeMario, Jill
Street Address: 5312 Broadway
City, St., Zip: West Palm Beach, FL 33407

Addition

Title: Director
Name: Karen Jaggard
Street Address: 9176 Alternate A1A, Suite 100
City, St., Zip: Lake Park, FL 33403

Addition