

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770763

1. Entity Name

PALM BEACH COUNTY JUVENILE ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

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

59-2422001

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

VANWAGONER, MIKE
2112 S CONGRESS AVENUE
SUITE 102
WEST PALM BEACH FL 33406

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 D ☒ Delete
NAME BROOKS, TRISTE
STREET ADDRESS 5312 BROADWAY
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE Director ☐ Change ☒ Addition
NAME Garbarino, John
STREET ADDRESS 161585 Military Trail
CITY-ST-ZIP Delray Beach, FL 33484

TITLE PE ☐ Delete
NAME BEWSEE, SHEILA
STREET ADDRESS 324 ODTUNA STREET STE 401
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE Treasurer ☒ Change ☐ Addition
NAME Bewsee, Sheila
STREET ADDRESS 324 Datura ST, STE. 401
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME NELSON, DEBRA
STREET ADDRESS 3330 FOREST HILL BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE President Emeritus ☒ Change ☐ Addition
NAME Neeson, Debra
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME WINGATE, TESSIE
STREET ADDRESS 3400 BELVEDERE ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE VPD ☐ Change ☒ Addition
NAME Powell, Elise
STREET ADDRESS 623 N. B ST.
CITY-ST-ZIP Lake Worth, FL 33460

TITLE S ☐ Delete
NAME MCDONALD, ALICE
STREET ADDRESS 471 SPENCER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Sago Palm Academy, 500 Bay Bottom Rd.
CITY-ST-ZIP Pahokee, FL 33476

TITLE T ☐ Delete
NAME VANWAGNER, MIKE
STREET ADDRESS 2112 S CONGRESS AVE SUITE 102
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE President ☒ 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: Sheila C. Bewsee 10/08/02 Sheila C. Bewsee 561-659-1270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)