

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000577

1. Entity Name

PALM BEACH ASSET MANAGEMENT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:04

Principal Place of Business

249 ROYAL PALM WAY, SUITE 400
PALM BEACH FL 33480

Mailing Address

249 ROYAL PALM WAY, SUITE 400
PALM BEACH FL 33480-4334



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

65-0897203

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLASP INC.
C/O CUMMINGS & LAOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103

Name

Patrice J. Neverett

Street Address (P.O. Box Number is Not Acceptable)

249 Royal Palm Way

Suite 400

City

Palm Beach

FL

Zip Code

33480

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

Patrice J. Neverett

Patrice J. Neverett

2/25/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

2/3/16/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☒ Delete
MGRM
WHALEN, ROBERT W
STREET ADDRESS 249 ROYAL PALM WAY, SUITE 400
CITY-ST-ZIP PALM BEACH FL 33480

TITLE NAME ☐ Change ☒ Addition
MGR
Mr. Andrew Jarmel
STREET ADDRESS 249 Royal Palm Way, Suite 400
CITY-ST-ZIP Palm Beach, FL 33480

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Andrew Jarmel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-25-00

Date

561-650-0000

Daytime Phone #

CR2E083 (9/99)