

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002631

1. Entity Name

ROYAL PALM BEACH HIGH SCHOOL WILDCAT DEBATE PARENT'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10600 OKEECHOBEE BLVD., SUITE 3-205
ROYAL PALM BCH FL 33411

10600 OKEECHOBEE BLVD., SUITE 3-205
ROYAL PALM BCH FL 33411

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

APPLIED FOR

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

GUADREAU, LOUISE P
15400 GOTH PLACE NORTH
LOXAHATCHEE FL 33470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	<input type="checkbox"/> Delete
NAME	GAUDREAU, LOUISE P	
STREET ADDRESS	15400 60TH PLACE NORTH	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TRUDEAU, JULIE A	
STREET ADDRESS	15503 82ND LANE NORTH	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MERLIN, BARBARA	
STREET ADDRESS	15827 KEY LIME BLVD.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VAN OSTRAND, MELISSA	
STREET ADDRESS	126 SHERWOOD DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	WALTERS, KRISTEN	
STREET ADDRESS	107 MADRID STREET	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLOMBO, BONNIE	
STREET ADDRESS	1160 GRANDVIEW CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (4/02)

FILED
Aug 26, 2002 8:00 am
Secretary of State

04-09-2002 90074 009 ****61.25

(85)

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DO NOT WRITE IN THIS SPACE

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

8/20/02

$$42 \overline{) 48}$$

THE INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE BY THE MARKINGS.