## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 27, 2001 08:00 AM N00000004860 DOCUMENT # **Secretary of State** CRITICAL INCIDENT STRESS MANAGEMENT TEAM OF PALM BEACH COUNTY INC. Principal Place of Business Mailing Address 20 S MILITARY TRAIL P O BOX 15285 WEST PALM BEACH WEST PALM BEACH FL 33415 33416 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1030943 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOWES CHRISTOPHER T Street Address (P.O. Box Number is Not Acceptable) 20 S MILITARY TRAIL WEST PALM BEACH FL33415 US City 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. 04/27/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D X Delete TITLE ☐ Change ☐ Addition NAME LOWE SUSAN Т NAME STREET ADDRESS STREET ADDRESS PO BOX 15285 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH 33416 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HALL SUSAN NAME STREET ADDRESS PO BOX 15285 STREET ADDRESS CITY-ST-ZIF WEST PALM BEACH FL. 33416 CITY-ST-ZIP TITLE DST Delete TITLE DS X Change ☐ Addition NAME LOHBAUER DONNA NAME LOHBAUER DONNA STREET ADDRESS STREET ADDRESS PO BOX 15285 PO BOX 15285 CITY-ST-ZIP WEST PALM BEACH CITY-ST-ZIP WEST PALM BEACH FL. 33416 FL. 33416 TITLE Delete TITLE D X Change Addition NAME MILLER LAURENCE NAME DILL STEPHANIE STREET ADDRESS PO BOX 15285 STREET ADDRESS PO BOX 15285 CITY-ST-ZIP WEST PALM BEACH FL. 33416 CITY-ST-ZIP WEST PALM BEACH FL. 33416 TITLE D □ Delete TITLE MT X Change ☐ Addition NAME MITCHELL DARRYL NAME MITCHELL DARRYL STREET ADDRESS PO BOX 15285 STREET ADDRESS PO BOX 15285 CITY-ST-ZIP WEST PALM BEACH $\mathbf{FL}$ 33416 CITY-ST-ZIP WEST PALM BEACH FL, 33416

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

□ Delete

33416

SIGNATURE: \_

HOWES

PO BOX 15285

WEST PALM BEACH

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DARRYL MITCHELL

CHRISTOPHER T

MT

04/27/2001

Change

Addition

CR2E037 (11/00)