

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90313 049 ****61.25

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NORTHERN
PALM BEACH COUNTY ENTERTAINMENT COUNCIL, INC.



3-27-03

Principal Place of Business
801 MAPLEWOOD DR. STE 22-A
JUPITER FL 33458

Mailing Address
1001 N US HWY ONE
STE 600
JUPITER FL 33477

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 **65-1066859**

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

BERROCAL, CARLOS J
801 MAPLEWOOD DR, STE 22-A
JUPITER FL 33458

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	HENDERSON, BARBARA	
STREET ADDRESS	148 ARROWHEAD CIR	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WOLF, MARCIA	
STREET ADDRESS	410 SUNRISE WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BLAKISTON, HENRY	
STREET ADDRESS	19558 TRAILS END TER	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY HINTON	
STREET ADDRESS	12 OAKLAND CT	
CITY-ST-ZIP	TEQUENITA, FL 33469	
TITLE	DS CARLOS J. BERRACOL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	801 MAPLEWOOD DR, STE 22-A	
STREET ADDRESS	JUPITER, FL 33458	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERYL LINCK	
STREET ADDRESS	102 BLUEFISH CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALLY HAMADEH	
STREET ADDRESS	5400 S. CENTRAL BLVD	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK H. CASPER	
STREET ADDRESS	115 W VILLAGE WAY	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN DUBOIS	
STREET ADDRESS	11309 E. TEACH ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	

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

4/28/03

861-747-2772

CR2E037 (10/02)