

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-26-2002 90135 033 ****70.00

DOCUMENT # N01000002652

1. Entity Name

PALM BEACH COUNTY SHERIFF FOUNDATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 6506
 WEST PALM BEACH FL 33405

POST OFFICE BOX 6506
 WEST PALM BEACH FL 33405

21140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1120294

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

LEVINE, ALAN S
114 MURRAY ROAD
WEST PALM BEACH FL 33405

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 signatures 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

TITLE **P** **CHAIRMAN** ☐ Delete
 NAME **ALAN S. LEVINE**
 STREET ADDRESS **114 MURRAY RD**
 CITY-ST-ZIP **W. PALM BEACH, FL 33405**

TITLE **D** **TREASURER** ☐ Delete
 NAME **NICK SMITH**
 STREET ADDRESS **111 PONCE DE LEON AVE**
 CITY-ST-ZIP **CLEWISTON, FL 33300**

TITLE **D** **VICE CHAIR, SECRETARY** ☐ Delete
 NAME **GAIL A. LEVINE**
 STREET ADDRESS **114 MURRAY RD**
 CITY-ST-ZIP **W. PALM BEACH, FL 33405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: **Alan S. Levine**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/02

Date

761872-2762

Daytime Phone #

CR2E037 (9/01)