

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000005959

1. Entity Name

CLEAN UP PALM BEACH COUNTY, INC.

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90024 034 ****61.25

Principal Place of Business

4040 COLLIN DR
W PALM BCH FL 33406

Mailing Address

4040 COLLIN DR
W PALM BCH FL 33406

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

01-072-62-35

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

ALVARO, JOHN
680 NE 15 PL
BOYNTON BCH FL 33435

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 D ☐ Delete
NAME ALVARO, JOHN
STREET ADDRESS 680 NE 15 PL
CITY-ST-ZIP BOYNTON BCH FL 33435

TITLE P ☐ Change ☒ Addition
NAME MICHAEL SCHERER
STREET ADDRESS 4040 COLLIN DR
CITY-ST-ZIP W. PALM BEACH FL 33406

TITLE D ☐ Delete
NAME CAVANAUGH, DAVID
STREET ADDRESS 440 INGLEWOOD DR
CITY-ST-ZIP PALM SPRINGS FL 33461

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

TITLE D ☐ Delete
NAME CAMPBELL, HARRIS
STREET ADDRESS 7525 ALPHA CT., EAST
CITY-ST-ZIP W PALM BCH FL 33406

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

TITLE D ☐ Delete
NAME GIDDENS, RONALD
STREET ADDRESS 1616 S MILITARY TRAIL
CITY-ST-ZIP W PALM BCH FL 33415

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Michael Scherer REQUIRED

7-4-02 561-965-0912

CR2E037 (4/02)