

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90038 033 ****61.25

DOCUMENT # N01000008988

1. Entity Name

AMERICAN CHAMBER OF CHRISTIANS IN BUSINESS - PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

**2393 OKLAHOMA STREET
 WEST PALM BEACH FL 33405**

**2393 OKLAHOMA STREET
 WEST PALM BEACH FL 33405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2980263

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

**SILVERGLATE, RUSSELL C ESQ
 980 NORTH FEDERAL HWY STE 410
 BOCA RATON FL 33432**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **HENDERSON, GRACEANNA**
 STREET ADDRESS **2393 OKLAHOMA ST**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

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

TITLE **PD** ☐ Delete
 NAME **WALDNER, JOAN**
 STREET ADDRESS **2393 OKLAHOMA STREET**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

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

TITLE **SD** ☐ Delete
 NAME **KVASNYR, DAWN**
 STREET ADDRESS **1415 14TH COURT**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

TITLE **TD** ☒ Delete
 NAME **WILEY, ROY**
 STREET ADDRESS **2393 OKLAHOMA STREET**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **T.D.** ☐ Change ☒ Addition
 NAME **Quinlan, Ronald Jr.**
 STREET ADDRESS **14155 US Hwy 1, Ste 205**
 CITY-ST-ZIP **June Beach FL 33408**

TITLE **D** ☐ Delete
 NAME **OTERO, AL**
 STREET ADDRESS **1580 SAWGRASS CORPORATE PARKWAY STE 130**
 CITY-ST-ZIP **SUNRISE FL 33323**

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

TITLE **D** ☐ Delete
 NAME **SMITH, LON**
 STREET ADDRESS **2393 OKLAHOMA STREET**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

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

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.

Ronald P. Quinlan, Jr.

SIGNATURE:

Treasurer

4/26/02

(561) 627-6992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)