

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

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90311 048 \*\*\*\*61.25

**DOCUMENT # N02000003920**

1. Entity Name

**AUTISTIC CENTER OF THE PALM BEACHES, INC.**



Principal Place of Business

P.O. BOX 222443  
WEST PALM BEACH FL 33422

Mailing Address

P.O. BOX 222443  
WEST PALM BEACH FL 33422

**55042319**

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

**32-0015341**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KAUFMAN, NEIL  
1225 WEST 45TH ST.  
STE. 307  
WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name **JAY WALESCH**

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

**6094 POMPADOR ST**

City **JUPITER**

FL

Zip Code **33458**

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]*

**NEIL KAUFMAN, PRESIDENT**

**3/25/03**

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

TITLE **P** ☒ Delete  
NAME **KAUFMAN, NEIL**  
STREET ADDRESS **1225 WEST 45TH ST., STE. 307**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **V** ☐ Delete  
NAME **WALESCH, KATIE**  
STREET ADDRESS **6094 POMPADOR ST.**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **ST** ☒ Delete  
NAME **WEADOCK, GREG**  
STREET ADDRESS **249 PERUVIAN AVE.**  
CITY-ST-ZIP **PALM BEACH FL 33480**

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 **P** ☐ Change ☒ Addition  
NAME **JAY WALESCH**  
STREET ADDRESS **6094 POMPADOR ST**  
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **S** ☒ Change ☐ Addition  
NAME **WALESCH, KATHRYN**  
STREET ADDRESS **6094 POMPADOR ST**  
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **V** ☐ Change ☒ Addition  
NAME **MARY SUE MCDONNELL**  
STREET ADDRESS **8745 CRATER TERRACE**  
CITY-ST-ZIP **LAKE PARK, FL 33403**

TITLE **T** ☐ Change ☒ Addition  
NAME **DANIEL FRANK**  
STREET ADDRESS **8797 ESTATE DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE ☐ Change ☐ Addition  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/03**

**561-804-6801**

Daytime Phone #

CR2E037 (10/02)