

2000 UNIFORM BUSINESS REPORT (UBR)

2/

FILED

May 11, 2000 8:00 am
Secretary of State

02-29-2000 90151 049 ****61.25

DOCUMENT # N06078

1. Entity Name

THE SOUTH PALM BEACH COUNTY WOMEN'S EXECUTIVE CL

Principal Place of Business

Mailing Address

BOX 372
BOCA RATON FL 33429P.O. BOX 372
BOCA RATON FL 33429-0372
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2583735

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

SMITH, MARIANA B
151 N OCEAN BLVD
BOCA RATON FL 33432KATZ, EILEEN B.
8555 EAGLE RUN DRName KATZ, EILEEN B.
Street Address (P.O. Box Number is Not Acceptable)
8555 EAGLE RUN DRIVE
City Boca Raton FL Zip Code 33434

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: EILEEN B. KATZ, TREASURER 2-15-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATEFILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	KOCH, SYBILLA	
STREET ADDRESS	2255 GLADES RD 412-E	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KNEISER, SALLY	
STREET ADDRESS	140 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MARIANA B	
STREET ADDRESS	151 N OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KNEISER, SALLY	
STREET ADDRESS	140 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, SYBILLA	
STREET ADDRESS	2255 GLADES RD 412-E	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNEISER, SALLY	
STREET ADDRESS	140 N. FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZ, EILEEN B.	
STREET ADDRESS	8555 EAGLE RUN DR	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

2-15-00

2-15-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)