

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90186 025 ****61.25

0037504

DOCUMENT # N06745

1. Entity Name

SELF HELP FOR HARD OF HEARING PEOPLE IN THE PALM BEACHES, INC



Principal Place of Business

~~3508 AMALFI DRIVE~~
3508 AMALFI DRIVE
WEST PALM BEACH FL 33417
US

Mailing Address

~~3508 AMALFI DRIVE~~
3508 AMALFI DRIVE
WEST PALM BEACH FL 33417
US

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 **59-2493372**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSSBERG, DAVID
3508 AMALFI DR
WEST PALM BEACH FL 33417-1063

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 **DAVID GROSSBERG**

(NOTE: Registered Agent signature required when reinstating)

2/13/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ **PTD**
NAME **GROSSBERG, DAVID**
STREET ADDRESS **3508 AMALFI DRIVE**
CITY-ST-ZIP **W. PALM BEACH FL 33417**

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

TITLE ☒ **VD**
NAME **KAMMERMAN, MORTON**
STREET ADDRESS **210 WELLINGTON D**
CITY-ST-ZIP **W. PALM BEACH FL**

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

TITLE ☒ **D**
NAME **IRVING, SCHECTER**
STREET ADDRESS **208 GREEMBRIE BLVD A**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

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

TITLE ☒ **D**
NAME **HAROLD, SIMON**
STREET ADDRESS **260 WELLINGTON J**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

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: **DAVID GROSSBERG**

2/13/03 **(561) 683-683**

CR2E037 (10/02)