

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06876

1. Entity Name

THE PALM BEACH-MARTIN COUNTY ESTATE PLANNING COU

Principal Place of Business

P.O. BOX 1284  
JUPITER FL 33468-1284

Mailing Address

C/O ADRIENNE H. GRIFFIN  
2547 LOCHMORE ROAD  
WEST PALM BEACH FK 33407-1303

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

65-0163826

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

SEVERSON, JOHN M  
1400 CENTREPARK BLVD.  
SUITE 860  
WEST PALM BCH FL 33401

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 BRAUN, KEITH  
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 930  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE VD ☐ Delete  
NAME ASHMAN, SUSAN  
STREET ADDRESS 11300 U.S. HIGHWAY ONE, #101  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE VD ☐ Delete  
NAME WILMERING, TISH  
STREET ADDRESS 1301 S. OLIVE AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE SD ☐ Delete  
NAME SEVERSON, JOHN M ESQ.  
STREET ADDRESS 1400 CENTREPARK BLVD., SUITE 860  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE TD ☐ Delete  
NAME MCCLOSKEY, DEBRA  
STREET ADDRESS 2401 PGA BLVD., #198  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

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

TITLE D ☐ Delete  
NAME KOCIELKO, ROBIN L  
STREET ADDRESS 1260 S. FEDERAL HIGHWAY, #101  
CITY-ST-ZIP BOYTON BEACH FL 33435

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2000

Date

561-687-2003

Daytime Phone #

CR2E037 (9/99)

FILED  
Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90221 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE