

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2001 08:00 AM****Secretary of State****DOCUMENT # N06876****1. Entity Name**THE PALM BEACH-MARTIN COUNTY ESTATE PLANNING COUNCIL,
INC.**Principal Place of Business**

P.O. BOX 1284

JUPITER
334681284

FL

Mailing AddressC/O ADRIENNE H. GRIFFIN
2547 LOCHMORE ROAD
WEST PALM BEACH
33407

FK

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
33401
US

FL

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

01/19/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 NAME STREET ADDRESS CITY-ST-ZIP	D KOCIELKO ROBIN L 1260 S. FEDERAL HIGHWAY, #101 BOYTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCLOSKEY DEBRA 2401 PGA BLVD., #198 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEVERSON JOHN MESQ. 1400 CENTREPARK BLVD., SUITE 860 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILMERING TISH 1301 S. OLIVE AVENUE WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ASHMAN SUSAN 11300 U.S. HIGHWAY ONE, #101 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAUN KEITH 222 LAKEVIEW AVENUE, SUITE 930 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELIGMAN BRENDA 11380 PROSPERITY FARMS ROAD, STE 210B PBG FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLOSKEY DEBRA 2401 PGA BLVD., #198 PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASHMAN SUSAN 2000 PGA BLVD NORTH PALM BEACH FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUN KEITH 222 LAKEVIEW AVENUE, SUITE 950 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

Treasurer: David Ginsberg

01/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

MARLIN, PENNY
9130 S DADELAND BLVD, STE 1625

MIAMI, FL, 33156

CAREY, BRENDA VD
5600 POINSETTIA AVE, #2607

WPB, FL, 33407