

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90788 032 *****61.25

DOCUMENT # N06876

1. Entity Name

PALM BEACH COUNTY ESTATE PLANNING COUNCIL, INC.



Principal Place of Business

**2547 LOCHMORE ROAD
WEST PALM BEACH FL 33407**

Mailing Address

**C/O ADRIENNE H. GRIFFIN
2547 LOCHMORE ROAD
WEST PALM BEACH FL 33407**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SELIGMAN, BRENDA
11380 PROSPERITY FARMS ROAD
SUITE 210B
PALM BEACH GARDENS FL 33410**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **BRAUN, KEITH ESQ**
STREET ADDRESS **222 LAKEVIEW AVENUE, SUITE 950**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ Change ☒ Addition
NAME **Leil Schneider Randall, Esq.**
STREET ADDRESS **340 Royal Palm Way**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **D** ☒ Delete
NAME **ASHMAN, SUSAN CFP**
STREET ADDRESS **2000 PGA BLVD**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **D** ☐ Change ☒ Addition
NAME **Elliot F. Hochman, Esq.**
STREET ADDRESS **3300 PGA Boulevard, #500**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **TD** ☐ Delete
NAME **GINSBERG, DAVID CFP**
STREET ADDRESS **505 S FLAGLER DR, STE 700**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **D** ☐ Delete
NAME **MORA, ABE ESQ.**
STREET ADDRESS **777 S FLAGLER DRIVE, WEST TOWER #900**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **PD** ☐ 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 **SELIGMAN, BRENDA CPA**
STREET ADDRESS **11380 PROSPERITY FARMS ROAD, STE 210B**
CITY-ST-ZIP **PBG FL 33410**

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]

4/15/03

561-682-5280

CR2E037 (10/02)