

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08028

1. Entity Name

PALM BEACH CHAPTER OF THE CONSTRUCTION SPECIFICA

Principal Place of Business

760 U.S. HWY ONE., SUITE 301  
N. PALM BEACH FL 33408  
US

Mailing Address

% P.O. BOX 206  
WEST PALM BEACH FL 33402  
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

59-2556482

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

ISRAEL, JOEL  
4321 NE 21ST AVENUE., APT 4  
FT LAUDERDALE FL 33308

Name

Daniel Stokes

Street Address (P.O. Box Number is Not Acceptable)

4345 N. E. 12th Terrace

City

Ft. Lauderdale

FL

Zip Code

33334

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

4-24-2000

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ISRAEL, JOEL	
STREET ADDRESS	4321 N.E. 21ST AVENUE., #4	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GILMAN, RON	
STREET ADDRESS	965 MANOR DR., #27	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHWAB, MINDI	
STREET ADDRESS	225 SOUTHERN., SUITE 102	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, DAVID W	
STREET ADDRESS	6600 CONGRESS AVE,	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PED	<input type="checkbox"/> Delete
NAME	STOKES, DANIEL	
STREET ADDRESS	4345 N.E. 12TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, GARY	
STREET ADDRESS	109 GALIANO ST	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Littlehale	
STREET ADDRESS	966 Hickory Terrace	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Nick	
STREET ADDRESS	318 Island Shores Drive	
CITY-ST-ZIP	West Palm Beach, FL 33413	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joel Israel	
STREET ADDRESS	2617 Center Avenue	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PE/D	<input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Israel 4/20/00 954-567-8942

Date

Daytime Phone #

FILED  
May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90178 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE