

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90460 005 ***158.75

DOCUMENT # **N 08941**

1. Entity Name
Leadership Palm Beach County, Inc

Principal Place of Business
1001 Alternate A1A
BAYSIDE BUILDING
JUPITER, FL 33477 US

Mailing Address
SAME

2. Principal Place of Business
18838 N. Osprey Way

3. Mailing Address
P.O. Box 7488

Suite, Apt. #, etc.

A0021096

DO NOT WRITE IN THIS SPACE

City & State
JUPITER, FL.

City & State
West Palm Beach, FL

4. FEI Number
59-2569097

Applied For
 Not Applicable

Zip
33458-2433

Country
USA

Zip
33405

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Kathy Bush
1001 alternate A1A
Bayside Building
Jupiter, FL 33477

7. Name and Address of New Registered Agent
 Name **Jane C Pike**
 Street Address (P.O. Box Number is Not Acceptable)
18838 N. Osprey Way
 City **Jupiter** FL Zip Code **33458**

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 **Jane C Pike** **MANAGING Director** **1/25/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE MD NAME Kathy Bush STREET ADDRESS 1001 Alternate A1A CITY-ST-ZIP JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete	TITLE MANAGING DIRECTOR NAME JANE C PIKE STREET ADDRESS 18838 N OSPREY WAY CITY-ST-ZIP JUPITER, FL 33458-2433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME Robert Bertisch STREET ADDRESS 423 Fern St, Suite 200 CITY-ST-ZIP West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Whitney Gordon STREET ADDRESS 931 Village Blvd. #905-175 CITY-ST-ZIP West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME JIM SUGARMAN STREET ADDRESS 3701 N. AUSTRALIAN AVE CITY-ST-ZIP West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME DAVID LUHSEN STREET ADDRESS 901 S. OLIVE AVENUE - Rinker Bus. Inst. CITY-ST-ZIP West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME Gary Krielow STREET ADDRESS 2700 PGA BLVD #203 CITY-ST-ZIP Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE TD NAME DAN SHORTER STREET ADDRESS 2751 S. DIXIE HWY - 4th FLR CITY-ST-ZIP West Palm Beach, FL 33405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME NANCY GOLDMAN STREET ADDRESS 410 4th Terrace - P6A CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE PPD NAME Robert Bertisch STREET ADDRESS 423 Fern St Suite 200 CITY-ST-ZIP West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Kahant Pinder STREET ADDRESS 3324 S. Congress 214 CITY-ST-ZIP West Palm Beach, FL 33406	<input type="checkbox"/> Delete	TITLE PD NAME Kahant Pinder STREET ADDRESS 3324 S. Congress Suite 1-H CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kahant Pinder, Pres.** **1/25/01** **(561) 434-1644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)