

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10399

1. Entity Name

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY,

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90061 048 ****70.00

Principal Place of Business

2580 METROCENTRE BLVD.
SUITE 2
WEST PALM BEACH FL 33407
US

Mailing Address

P. O. BOX 18887
WEST PALM BEACH FL 33416-8887
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

59-2582229

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

ARNOLD, CLAIRE J
31 W CYPRESS RD
LAKE WORTH FL 33467

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
NAME ARNOLD, CLAIRE J
STREET ADDRESS 31 W CYPRESS RD
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

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

TITLE VD
NAME SCHEIMAN, FRED
STREET ADDRESS 3390 S. OCEAN BLVD.
CITY-ST-ZIP PALM BCH. FL ☒ Delete

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

TITLE SD
NAME HIGDON, GLENN
STREET ADDRESS 2210 22ND LANE
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

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

TITLE TD
NAME KARYL NEAL
STREET ADDRESS 4400 PGA BLVD #400
CITY-ST-ZIP PALM BCH GDNS FL 33410 ☐ Delete

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

TITLE VD
NAME COOPER, SCOTT
STREET ADDRESS 8743 WAKEFIELD DR
CITY-ST-ZIP PALM BCH GARDENS GL 33410 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 *Claire J Arnold* SIGNATURE REQUIRED **Arnold, Pres. 3/24/00 (561) 737-7733**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #