

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12856

1. Entity Name

PALM BEACH LITURGICAL CULTURE FOUNDATION, INC. ✓

Principal Place of Business

%MAX B. SHAPIRO
6760 VERSAILLES COURT
LAKE WORTH FL 33467

Mailing Address

%MAX B. SHAPIRO
6760 VERSAILLES COURT
LAKE WORTH FL 33467

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

59-2622987

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

SHAPIRO, MAX B.
6760 VERSAILLES COURT
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
After September 13, 2000 min. will be \$236.25

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 SHAPIRO, MAX B.
STREET ADDRESS 6760 VERSAILLES COURT
CITY-ST-ZIP LAKE WORTH FL ☐ Delete

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

TITLE TD
NAME NEWMARK, EMANUEL
STREET ADDRESS 140 JOHN F. KENNEDY CIR.
CITY-ST-ZIP ATLANTIS FL ☐ Delete

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

TITLE L
NAME KAPNER, LOUIS
STREET ADDRESS 2139 PALM BCH LKS BLVD.
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

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

TITLE T
NAME WIESENECK, PAUL M.
STREET ADDRESS 13221 ST. TROPEZ CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Max B. Shapiro, Pres

Date

Daytime Phone #

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90012 004 ****61.25

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DO NOT WRITE IN THIS SPACE

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