

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18370

1. Entity Name

PALM BEACH COUNTY MEDICAL SOCIETY AUXILIARY FOUN

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90016 015 ****61.25

Principal Place of Business

3540 FOREST HILL BLVD.
WEST PALM BEACH FL 33406

Mailing Address

3540 FOREST HILL BLVD.
WEST PALM BEACH FL 33406-5817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0148875

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILES, TENNA
3540 FOREST HILL BLVD.
WEST PALM BEACH FL 33406

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	P	<input type="checkbox"/> Delete
NAME	LEWENTA, LILA	
STREET ADDRESS	971 CYPRESS DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAGRANGE, JUDITH	
STREET ADDRESS	103 LEXINGTON DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	PE	<input type="checkbox"/> Delete
NAME	XAVIER, ROSEMARY	
STREET ADDRESS	748 LAKESIDE DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	VINAS, THERESA	
STREET ADDRESS	50 S HARBOUR DR	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMBRECHT, NANCY	
STREET ADDRESS	3067 MAINSAIL CIR	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMICK, LAURA	
STREET ADDRESS	744 SEA SAGE DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	ROSEMARY XAVIER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	748 Lakeside Drive	
STREET ADDRESS	N. P.B. FL 33408	
CITY-ST-ZIP		
TITLE	Annette Baine	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3168 Harrington Dr.	
STREET ADDRESS	B.B. FL 33496	
CITY-ST-ZIP		
TITLE	Judith Lagrange	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	103 Lexington Dr.	
STREET ADDRESS	Royal Palm Bch FL 33408	
CITY-ST-ZIP		
TITLE	Secretary - Karen Nelson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2444 N. Delham Ct	
STREET ADDRESS	Delray Bch FL 33445	
CITY-ST-ZIP		
TITLE	Julianne - Laura Setz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3646 Cypress Edge Dr.	
STREET ADDRESS	Wahle Wln FL 33467	
CITY-ST-ZIP		
TITLE	Ass. Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERESA VINAS	
STREET ADDRESS	50 S Harbour Dr	
CITY-ST-ZIP	Ocean Ridge FL 33435	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)