

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23083

1. Entity Name

**PALM BEACH COUNTY HERPETOLOGICAL SOCIETY, INC.**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90204 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3111 BOSTON AVE  
 FORT PIERCE FL 34967

P.O. BOX 13078  
 FT. PIERCE FL 34979-3078

2. Principal Place of Business

**4370 FOREST ROAD**

3. Mailing Address

**4370 FOREST ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH, FL**

City & State

**WEST PALM BEACH, FL**

4. FEI Number

**65-0881598**

Applied For

Not Applicable

Zip **33406**

Country **USA**

Zip **33406**

Country **USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADLEY, MJP**  
**3111 BOSTON AVE**  
**FORT PIERCE FL 34967**

Name **Chris Archer**

Street Address (P.O. Box Number is Not Acceptable)  
**4370 FOREST ROAD**

City **WEST PALM BEACH, FL** Zip Code **33406**

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

*Chris Archer* **Chris Archer, Treasurer**

**4/27/00**

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                       | <input type="checkbox"/> Delete            |
| NAME           | SPECTOR, FRED            |  |
| STREET ADDRESS | 140 SW MARK CT           |  |
| CITY-ST-ZIP    | PORT ST LUCIE FL 34953   |  |
| TITLE          | VD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | MARTIN, ESTA L           |  |
| STREET ADDRESS | 3111 BOSTON AVE          |  |
| CITY-ST-ZIP    | FORT PIERCE FL 34947     |  |
| TITLE          | TD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | BRADLEY, MJP             |  |
| STREET ADDRESS | 3111 BOSTON AVE          |  |
| CITY-ST-ZIP    | FORT PIERCE FL 34967     |  |
| TITLE          | SD                       | <input type="checkbox"/> Delete            |
| NAME           | LOERY, WM H              |  |
| STREET ADDRESS | 650 E RAMBLING DRIVE     |  |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33414 |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | VD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | WEST, ELIZABETH           |  |
| STREET ADDRESS | 4370 FOREST ROAD          |  |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33406 |  |
| TITLE          | TD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ARCHER, CHRIS             |  |
| STREET ADDRESS | 4370 FOREST RD            |  |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33406 |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input 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:

*FRED SPECTOR*  
**FRED SPECTOR**  
**PRESIDENT**

Date

Daytime Phone #

**4/27/00 561-33689**

CR2E037 (9/99)

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