

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N23083

FILED
Aug 21, 2003
Secretary of State

Entity Name: PALM BEACH COUNTY HERPETOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

4370 FOREST RD
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

4370 FOREST RD
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 65-0881598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCHER, CHRIS
4370 FOREST RD
WEST PALM BEACH, FL 33406

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEST, ELIZABETH
Address: 4370 FOREST RD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VD (X) Delete
Name: JESCHONEK, LAUREN
Address: 3801 WRY RD
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: ARCHER, CHRIS
Address: 4370 FOREST RD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD (X) Delete
Name: LOERY, WM H
Address: 650 E RAMBLING DRIVE
City-St-Zip: WEST PALM BEACH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS ARCHER

TD

08/21/2003

Electronic Signature of Signing Officer or Director

Date