

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90150 036 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N24478

1. Entity Name

GREATER PALM BEACHES BUSINESS AND PROFESSIONAL W

Principal Place of Business

Mailing Address

2136 CHAGALL CIR
 WEST PALM BCH FL 33407
 US

P.O. BOX 078526
 WEST PALM BEACH FL 33407
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0120407

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

ROBERTS, ARNEATHA J.
 2136 CHAGALL CIR
 WEST PALM BCH FL 33409

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

Arneatha J. Roberts
 Signature, typed or printed name of registered agent and title if applicable.

Arneatha J. Roberts
 (NOTE: Registered Agent signature required when reinstating)

DATE

**Make Check Payable to
 Department of State**

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	☐ Delete
NAME	ROBERTSON, CONSTANCE	
STREET ADDRESS	8902 N BATES RD	
CITY-ST-ZIP	PALM BAY GRADENS FL 33418	
TITLE	PD	☐ Delete
NAME	ROBERTS, ARNEATHA	
STREET ADDRESS	2136 CHAGALL CIR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	☐ Delete
NAME	STEPHENS, GEORGIA	
STREET ADDRESS	106 E TIFFANY DR., #4	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	PD	☐ Delete
NAME	STEPHENS, GEORGIA	
STREET ADDRESS	106 E TIFFANY DR #4	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	PD	☐ Delete
NAME	SESSONS, MARION	
STREET ADDRESS	2332 AVE "Z"	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	S	☐ Delete
NAME	ANTHONY, HELEN	
STREET ADDRESS	2050 N CONGRESS AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

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

Arneatha J. Roberts
 Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/99)