2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # N29196** 1. Entity Name NORTH PALM BEACH COUNTY BAR ASSOCIATION, INC. 01-20-2000 90149 006 ****61.25 Principal Place of Business Mailing Address 900 E INDIANTOWN RD 900 E INDIANTOWN RD 605245JUPITER FL 33477 JUPITER FL 33477-5153 HS US 2. Principal Place of Business 3. Mailing Address 11215 CUTTY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEi Number 65-0087617 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRIS, STEVEN 222 US HWY ONE **STE 214 TEQUESTA FL 33469** 8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. □ Addition ☐ Delete TITLE Change TITLE NAME HARRIS, PATRICIA NAME STREET ADDRESS STREET ADDRESS 1191 US 1 #201 CITY-ST-ZIP CITY-ST-ZIP N PALM BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME LABOVICK, BRIAN F NAME STREET ADDRESS STREET ADDRESS 900 E INDIANTOWN RD STE 316 CITY-ST-7IP CITY-ST-ZIP JUPITER FL __ Change ☐ Addition ☐ Delete TITLE TITLE Auerbach laul AURBACK, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 11215 CURRY DR CITY-ST-ZIP City-ST-ZIP PALM BEACH FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME GUMSON, ADAM S STREET ADDRESS 6390 INDIANTOWN RD STE 30 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME PASDOR, ADAM STREET ADDRESS STREET ADDRESS 6390 INDIANTOWN RD #30 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Change Addition ☐ Delete TITLE TITLE WALD, CARL NAME NAME STREET ADDRESS STREET ADDRESS 900 E INDIANTOWN RD #316 CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 of powered 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 appears in give the powered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER