

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90182 043 ****61.25

0036371

DOCUMENT # N29196

1. Entity Name

NORTH PALM BEACH COUNTY BAR ASSOCIATION, INC.



Principal Place of Business

**560 VILLAGE BLVD
#345
WEST PALM BEACH FL 33409
US**

Mailing Address

**560 VILLAGE BLVD
#345
WEST PALM BEACH FL 33409
US**

2. Principal Place of Business

120 S. Olive Ave

3. Mailing Address

120 S. Olive Ave

Suite, Apt. #, etc.

Suite 304

Suite, Apt. #, etc.

Suite 304

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number **65-0087617**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, STEVEN
11215 CURRY DR
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **D'AMORE, JEFF**
STREET ADDRESS **1601 FORUM PL STE 906**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **P** ☐ Delete
NAME **NEWMAN, JON D**
STREET ADDRESS **1601 FORUM PL STE 906**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **T** ☐ Delete
NAME **INTERDONATI, LAURA**
STREET ADDRESS **560 VILLAGE BLVD. STE 345**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **D** ☐ Delete
NAME **PASTOR, ANDREW**
STREET ADDRESS **11380 PROSPERITY FARRES RD SUITE 101**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33401**

TITLE **S** ☐ Delete
NAME **MALLORY, EARL**
STREET ADDRESS **1907 COMMERCE LANE, STE 104**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **VP** ☐ Delete
NAME **GUERINI, ROSEMARIE**
STREET ADDRESS **2 HARVARD CIR, STE200**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **120 S. Olive Ave - Suite 304**
STREET ADDRESS **West Palm Beach FL 33401**
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: **Interdonati** 4/25/03 (501) 4888

CR2E037 (10/02)