

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N32313**

1. Entity Name

**THE NATIONAL ASSOCIATION OF PAPERSTOCK WOMEN, IN****FILED****Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90018 034 \*\*\*\*61.25

Principal Place of Business  
3300 PGA BLVD  
635  
PALM BEACH GARDENS FL 33410  
US

Mailing Address  
3300 PGA BLVD  
635  
PALM BEACH GARDENS FL 33410-2811  
US

00074796



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0131974**  
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  
  
**BYRD, BARRY B.**  
**4400 PGA BLVD.**  
**SUITE 900**  
**PALM BEACH GARDENS FL 33410**

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete		TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KREVER, NINI</b>		NAME	<b>BARBARA KUHLMAN</b>	
STREET ADDRESS	<b>3300 PGA BLVD., STE. 635</b>		STREET ADDRESS	<b>3300 PGA BLVD, Ste 635</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>		CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete		TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MANCUSO, TRISH</b>		NAME	<b>BETH KANE</b>	
STREET ADDRESS	<b>3300 PGA BLVD SUITE 635</b>		STREET ADDRESS	<b>3300 PGA Blvd, Ste 635</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>		CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL</b>	
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete		TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOCH, NEALA</b>		NAME	<b>TRISH MANCUSO</b>	
STREET ADDRESS	<b>3300 PGA BLVD SUITE 635</b>		STREET ADDRESS	<b>3300 PGA BLVD, Ste 635</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>		CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL</b>	
TITLE	<b>T</b> <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORD, DIANE</b>		NAME		
STREET ADDRESS	<b>3300 PGA BLVD, STE 635</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete		TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRANT, NANCY</b>		NAME	<b>Holly Lauritson</b>	
STREET ADDRESS	<b>3300 PGA BLVD., STE. 635</b>		STREET ADDRESS	<b>3300 PGA BLVD, Ste 635</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>		CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL</b>	
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete		TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HODGE, YVETTE</b>		NAME	<b>DEBRA FISHER</b>	
STREET ADDRESS	<b>3300 PGA BLVD SUITE 635</b>		STREET ADDRESS	<b>3300 PGA BLVD, Ste 635</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>		CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL</b>	

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:  **4-19-00** **206-268-6653**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/99)