

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34041

1. Entity Name

LAND PRESERVATION TRUST OF PALM BEACH COUNTY, IN *R*

Principal Place of Business

250 ROYAL PALM WAY  
SUITE 300  
PALM BEACH FL 33480  
US

Mailing Address

250 ROYAL PALM WY  
SUITE 300  
PALM BEACH FL 33480  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0146813

Applied For

Not Applicable

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

COLE, JONATHAN E  
250 ROYAL PALM WAY  
SUITE 300  
PALM BEACH FL 33480

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**  
**After September 13, 2000 min. will be \$236.25**

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 ☐ Delete  
NAME CT  
STREET ADDRESS COLE, JONATHAN  
CITY-ST-ZIP 250 ROYAL PALM WAY  
PALM BCH. FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS KAHLE, CRAIG  
CITY-ST-ZIP 340 ROYAL PALM WAY  
PALM BEACH FL

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

TITLE ☐ Delete  
NAME VC  
STREET ADDRESS DELATE, MARY-THERESE  
CITY-ST-ZIP 15267 75TH AVE. NORTH  
PALM BEACH GARDENS FL 33418

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS GLEASON, PATRICK J  
CITY-ST-ZIP 1131 N PALMWAY  
LAKE WORTH FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SCHAD, LEAH G.  
CITY-ST-ZIP 1628 BOARDMAN AVE.  
WEST PALM BEACH FL

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS WEINSEIN, RICHARD S  
CITY-ST-ZIP 150 BRADLEY PLACE APT 601  
PALM BEACH FL 33480

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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/2000

Date

561-659-5757

Daytime Phone #

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90029 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)