

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM****Secretary of State****DOCUMENT # N34041****1. Entity Name**

LAND PRESERVATION TRUST OF PALM BEACH COUNTY, INC.

Principal Place of Business250 ROYAL PALM WAY
SUITE 300
PALM BEACH
33480FL
US**Mailing Address**250 ROYAL PALM WY
SUITE 300
PALM BEACH
33480FL
US**2. Principal Place of Business**

C/O EDWARDS & ANGELL, LLP

3. Mailing Address

C/O EDWARDS & ANGELL, LLP

Suite, Apt. #, etc.

ONE NORTH CLEMATIS STREET, SUITE 400

Suite, Apt. #, etc.

ONE NORTH CLEMATIS STREET, SUITE 400

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33401

Country

US

Zip

33401

Country

US

4. FEI Number

65-0146813

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCOLE JONATHAN E
250 ROYAL PALM WAY
SUITE 300
PALM BEACH
33480

US

FL

7. Name and Address of New Registered Agent**Name**

COLE JONATHAN E

Street Address (P.O. Box Number is Not Acceptable)

C/O EDWARDS & ANGELL, LLP

ONE NORTH CLEMATIS STREET, SUITE 400

City

WEST PALM BEACH

FL

Zip Code
33401

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 **JONATHAN E. COLE****04/25/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

| | | |
|-----------------------|-----------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WEINSEIN RICHARD S | |
| STREET ADDRESS | 150 BRADLEY PLACE APT 601 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHAD LEAH G. | |
| STREET ADDRESS | 1628 BOARDMAN AVE. | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GLEASON, PATRICK J | |
| STREET ADDRESS | 1131 N PALMWAY | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | VC | <input type="checkbox"/> Delete |
| NAME | DELADE MARY-THERESE | |
| STREET ADDRESS | 15267 75TH AVE. NORTH | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | KAHLE CRAIG | |
| STREET ADDRESS | 340 ROYAL PALM WAY | |
| CITY-ST-ZIP | PALM BEACH FL | |
| TITLE | CT | <input type="checkbox"/> Delete |
| NAME | COLE JONATHAN | |
| STREET ADDRESS | 250 ROYAL PALM WAY | |
| CITY-ST-ZIP | PALM BCH FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------------|--------------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | CT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLE JONATHAN | |
| STREET ADDRESS | ONE NORTH CLEMATIS STREET, SUITE 400 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jonathan E. Cole

C

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)