

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41066

1. Entity Name

THE POST POLIO SUPPORT GROUP OF PALM BEACH COUNT

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90068 007 ****61.25

Principal Place of Business

Mailing Address

5317 SUNRISE BLVD
DELRAY BCH FL 33484
US

5317 SUNRISE BLVD
DELRAY BCH FL 33484-1119
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0230310

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

7. Name and Address of New Registered Agent

MCDONOUGH, MICHAEL
12798 FOREST HILL BLVD
S201A
WEST PALM BEACH FL 33401

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 D ☒ Delete
NAME SYLVIA SHAPIRO
STREET ADDRESS 190 MASTIC TREE COURT
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE VP ☒ Change ☐ Addition
NAME Bill Kirkpatrick
STREET ADDRESS 19586 Trails End Drive
CITY-ST-ZIP Jupiter, FL 33458-2437

TITLE P ☐ Delete
NAME TAYLOR, JODY
STREET ADDRESS 1 HARBOR SIDE DRIVE
CITY-ST-ZIP DELRAY BCH FL 33483

TITLE S ☒ Change ☐ Addition
NAME Lynne Brown
STREET ADDRESS 392J Golfview Road
CITY-ST-ZIP North Palm Beach, FL 33408

TITLE D ☐ Delete
NAME DOLISLAGER, PHYLLIS
STREET ADDRESS 75 VISTA DELRIO
CITY-ST-ZIP BOYNTON BCH FL 33426

TITLE D ☐ Change ☐ Addition
NAME Robert Schiesher
STREET ADDRESS 452 Australian Circle
CITY-ST-ZIP Lake Park, FL

TITLE D ☐ Delete
NAME SMITH, JACK
STREET ADDRESS 2230 SW WHITEMARSH WAY
CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☐ Change ☐ Addition
NAME Ronald Dolislager
STREET ADDRESS 75 Vista Del Rio
CITY-ST-ZIP Boynton Beach, FL 33426

TITLE D ☐ Delete
NAME SCHIESHER, LORRAINE
STREET ADDRESS 452 AUSTRALIAN CIRCLE
CITY-ST-ZIP LAKE PARK FL

TITLE T ☐ Change ☐ Addition
NAME Lucy Scholine
STREET ADDRESS 5317 Sunrise Blvd.
CITY-ST-ZIP Delray Beach, FL 33484

TITLE S ☒ Delete
NAME PIMENTAL, RUBY
STREET ADDRESS 4349 FOREST HILL DR
CITY-ST-ZIP WPB FL 33406

TITLE D ☐ Change ☐ Addition
NAME John Cimino
STREET ADDRESS 855 Hawthorn Drive
CITY-ST-ZIP Lake Park, FL

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.

Lucy Scholine, Treasurer

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

43/00

Date

561-496-1235

Daytime Phone #

CR2E037 (9/99)