

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42395

1. Entity Name

SMITH COLLEGE CLUB OF THE PALM BEACHES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90145 038 ****61.25

Principal Place of Business

Mailing Address

60 MARINE WAY
 DELAY FL 33483
 US

ANNE MACK *Mock*
 60 MARINE WAY
 DELAY FL 33483-5319
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

570 SW 20th CT Apt A

570 SW 20th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt A

Apt A

City & State

City & State

Delray Beach

Delray Beach

Zip

Country

Zip

Country

33445 P B

33445 P B

4. FEI Number

65-0252250

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

MOCK, ANNE

60 MARINE WY

DELRAY FL 33483

Name

Anne Mock

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

570 S.W. 20th Ct. Apt. A

City

Delray Beach

FL

Zip Code

33445

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 SD ☐ Delete
 NAME LEHRER, ELLEN
 STREET ADDRESS 107 COMMODORE DR.
 CITY-ST-ZIP JUPITER FL 33404

TITLE ☒ Change ☐ Addition
 NAME 108 Waters Edge
 STREET ADDRESS Jupiter FL 33477
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME WHALEN, CAROL
 STREET ADDRESS 125 OCEAN AVE. #703
 CITY-ST-ZIP PALM BEACH FL 33404

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

TITLE PD ☐ Delete
 NAME MOCK, ANNE
 STREET ADDRESS 60 MARINE WAY
 CITY-ST-ZIP DELRAY FL 33483

TITLE ☒ Change ☐ Addition
 NAME 570 SW 20th CT Apt A
 STREET ADDRESS Delray Beach
 CITY-ST-ZIP 33445

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Anne Mock
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00 (561)
 226-2951

CR2E037 (9/99)