

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90380 033 ****61.25

DOCUMENT # N48141

1. Entity Name

PALM BEACH LITERARY SOCIETY, INC.

Principal Place of Business

Mailing Address

% NORTHERN TRUST BANK
440 ROYAL PALM WAY
PALM BEACH FL 33480

% NORTHERN TRUST BANK
440 ROYAL PALM WAY
PALM BEACH FL 33480-4138

2. Principal Place of Business

3. Mailing Address

C/O Northern Trust Bank

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11780 U.S. Hwy one

City & State

City & State

North Palm Beach FL

Zip

Country

Zip

Country

33408

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

Name

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

City

FL

Zip Code

SACHER, CHARLES P.
2655 LE JEUNE ROAD
SUITE 1101
CORAL GABLES FL 33134

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CORTS, PAUL P.	
STREET ADDRESS	901 S. FLAGLER DR.	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARR, JOYCE	
STREET ADDRESS	265 ROYAL POINCIANA WAY	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRISER, JULIE W	
STREET ADDRESS	11780 US HWY ONE	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Eileen Berman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	440 Royal Palm Way	
STREET ADDRESS	Palm Beach FL 33480	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harr, Joyce	
STREET ADDRESS	265 Royal Poinciana Way	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacqueline L. Gerbus	
STREET ADDRESS	11780 U.S. Hwy one	
CITY-ST-ZIP	No. Palm Beach FL 33408	
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		

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:

Jacqueline L. Gerbus (561) 622-460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)