

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90145 004 ****61.25

DOCUMENT # N48141

1. Entity Name

PALM BEACH LITERARY SOCIETY, INC.



Principal Place of Business
**C/O NORTHERN TRUST BANK
11301 US HWY ONE
NORTH PALM BEACH FL 33408**

Mailing Address
**C/O NORTHERN TRUST BANK
11301 US HWY ONE
NORTH PALM BEACH FL 33408**

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 **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

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **REIMGOLD, JOYCE**
STREET ADDRESS **265 ROYAL POINCIANA WAY**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **VD** ☐ Change ☒ Addition
NAME **Carole J. Rubins**
STREET ADDRESS **1300 South A1A #405**
CITY-ST-ZIP **Jupiter, FL 33477**

TITLE **VD** ☐ Delete
NAME **CRISER, JULIE W**
STREET ADDRESS **11301 US HWY ONE**
CITY-ST-ZIP **N PALM BEACH FL 33408**

TITLE **VD** ☐ Change ☒ Addition
NAME **Debra Long**
STREET ADDRESS **12444 Ridge Road**
CITY-ST-ZIP **North Palm Beach FL 33408**

TITLE **SD** ☐ Delete
NAME **GERBUS, JACQUELINE L**
STREET ADDRESS **11301 US HWY ONE**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **VD** ☐ Change ☒ Addition
NAME **Lorraine S. Murray**
STREET ADDRESS **98 Golfview Drive**
CITY-ST-ZIP **Tequesta FL 33469**

TITLE **VD** ☒ Delete
NAME **ANDERSON, PATTI**
STREET ADDRESS **3160 PGA BLVD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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:

Jacqueline L. Gerbus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/03 (561) 622-4600

CR2E037 (10/02)