

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90115 019 \*\*\*\*61.25

**DOCUMENT # N49712**

1. Entity Name

**GREATER NORTHERN PALM BEACH CHAPTER #4736 OF AME**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>340 AUSTRALIAN CIRCLE LAKE PARK FL 33403</b>	Mailing Address <b>340 AUSTRALIAN CIRCLE LAKE PARK FL 33403-2611</b>
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2. Principal Place of Business <b>3602 Lakemont Court</b>	3. Mailing Address <b>3602 Lakemont Court</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Palm Beach Gardens, FL</b>	City & State <b>Palm Beach Gardens, FL</b>
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Zip <b>33410</b>	Country <b>USA</b>	Zip <b>33410</b>	Country <b>USA</b>
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4. FEI Number <b>52-1758846</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**DANIELS, BRUCE J**  
**336 GULFVIEW DR**  
**#910**  
**NORTH PALM BEACH FL 33408**

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

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GIANASI, CHARLES A MD</b> <b>340 AUSTRALIAN CIRCLE</b> <b>LAKE PARK FL 33403</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>FREEMAN, Z</b> <b>439 DATE PALM DRIVE</b> <b>LAKE PARK FL 33403</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>FORSYTH, ETHEL</b> <b>1203 SUN TERRACE CT.</b> <b>PALM BEACH GARDENS FL 33403</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>VREELAND, KEITH</b> <b>14614 TANGELO BLVD</b> <b>WEST PALM BEACH FL 33463</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANIELS, BRUCE</b> <b>336 GULFVIEW DRIVE #1018</b> <b>NORTH PALM BEACH FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADOLPH, JAY</b> <b>10690 AVENEU J</b> <b>PALM BEACH GARDENS FL</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SCRIBA, SAM</b> <b>3602 Lakemont Court</b> <b>Palm Beach Gardens, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KUIPER, ARTHUR</b> <b>3058 Guava Street</b> <b>Palm Beach Gardens, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ANDERSON, LYNNE</b> <b>903 Lake Shore Drive, Apt. 114D</b> <b>Lake Park, FL 33403</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ROWE, NANCY C.</b> <b>9481 Dawnridge Street</b> <b>Palm Beach Gardens, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GIANASI, CHARLES A. MD</b> <b>340 Australian Circle</b> <b>Lake Park, FL 33403</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DANIELS, BRUCE J.</b> <b>336 Gulfview Drive, #910</b> <b>North Palm Beach, FL 33408</b>

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:** *CHARLES A. GIANASI* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-19-00** **561-848-8385** **DATE** **DAYTIME PHONE #**

CR2E037 (9/99)