

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90055 026 ****61.25

DOCUMENT # N92000000926

1. Entity Name

PALM BEACH COUNTY CHAPTER OF THE FLORIDA NATIVE

Principal Place of Business

Mailing Address

7080 HYPOLUXO FARMS ROAD
 LAKE WORTH FL 33463

7080 HYPOLUXO FARMS ROAD
 LAKE WORTH FL 33463-7715

2. Principal Place of Business

202 GROVE WAY

3. Mailing Address

202 GROVE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

65-0402004

Applied For

Not Applicable

Zip

33444

Country

USA

Zip

33444

Country

USA

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

MOYROUD, RICHARD
202 GROVE WAY
DELRAY BEACH FL 33444

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: **PD** ☒ Delete
 NAME: **CHAMBERLAIN, SUSAN N**
 STREET ADDRESS: **415 27TH STREET**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33407**

TITLE: **PD** ☒ Change ☐ Addition
 NAME: **LOCKHART, CHRISTINE**
 STREET ADDRESS: **5421 ROSE MARIE AVE N.**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33437**

TITLE: **VD** ☒ Delete
 NAME: **LOCKHART, CHRISTINE**
 STREET ADDRESS: **5421 ROSE MARIE AVE N**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33437**

TITLE: **VD** ☒ Change ☐ Addition
 NAME: **OSORIO, RUFINO**
 STREET ADDRESS: **225 PRINCETON DR.**
 CITY-ST-ZIP: **LAKE WORTH FL 33460**

TITLE: **SD** ☐ Delete
 NAME: **MOYROUD, RICHARD**
 STREET ADDRESS: **202 GROVE WAY**
 CITY-ST-ZIP: **DELRAY BEACH FL 33444**

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

TITLE: **TD** ☒ Delete
 NAME: **JAMESON, SYLVIA W**
 STREET ADDRESS: **12750 HAGEN RANCH RD.**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33437**

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

TITLE: **D** ☒ Delete
 NAME: **DAVIS, JOANNE**
 STREET ADDRESS: **107 NATURES WAY**
 CITY-ST-ZIP: **ROYAL PALM BEACH FL**

TITLE: **D** ☒ Change ☐ Addition
 NAME: **LOCKELMAN, CYNTHIA**
 STREET ADDRESS: **311 FRANKLIN ROAD**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33405**

TITLE: **TD** ☐ Delete
 NAME: **HUNTER, GLORIA S**
 STREET ADDRESS: **1716 13TH AVENUE NORTH**
 CITY-ST-ZIP: **LAKE WORTH FL 33460**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)