

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003789

1. Entity Name

PALM BEACH COUNTY EXTENSION OVERALL ADVISORY COM

Principal Place of Business

C/O AGRICULTURAL SERVICES CENTER
559 N. MILITARY TRAIL
WEST PALM BEACH FL 33415

Mailing Address

C/O AGRICULTURAL SERVICES CENTER
559 N. MILITARY TRAIL
WEST PALM BEACH FL 33415-1311

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

HUTCHESON, CLAYTON E
559 N. MILITARY TRAIL
WEST PALM BEACH FL 33415

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 D
NAME PERDOMO, RAUL DR
STREET ADDRESS P.O. BOX 86 N/A
CITY-ST-ZIP SOUTH BAY FL 33943
☐ Delete

TITLE P
NAME SCHOECH, CHARLES ESQ
STREET ADDRESS P.O. BOX 2775 N/A
CITY-ST-ZIP PALM BEACH FL 33480-2775
☒ Change ☐ Addition

TITLE D
NAME SCHOECH, CHARLES ESQ
STREET ADDRESS P.O. BOX 2775 N/A
CITY-ST-ZIP PALM BEACH FL 33480-2775
☒ Delete

TITLE V
NAME CLICK, DAVID
STREET ADDRESS 810 SATURN ST., STE 15
CITY-ST-ZIP JUPITER, FL 33477-4456
☐ Change ☒ Addition

TITLE D
NAME GLAZ, BARRY DR
STREET ADDRESS STAR ROUTE, BOX 8
CITY-ST-ZIP CANAL POINT FL 33438
☒ Delete

TITLE D
NAME BAUER, KATHY
STREET ADDRESS 515 FLAGLER BLVD.
CITY-ST-ZIP LAKE PARK, FL 33403
☐ Change ☒ Addition

TITLE D
NAME DURANDO, ROSA
STREET ADDRESS 10308 HERITAGE FARMS RD.
CITY-ST-ZIP LAKE WORTH FL 33467-6720
☐ Delete

TITLE D
NAME CHAMBLEE, SANDRA
STREET ADDRESS 1045 TABIT RD.
CITY-ST-ZIP BELLE GLADE, FL 33430
☐ Change ☒ Addition

TITLE D
NAME MOLARES, RUTH
STREET ADDRESS 19601 W. SYCAMORE DR.
CITY-ST-ZIP LOXAHATCHEE FL 33470
☒ Delete

TITLE D
NAME GRAHAM, MIKE
STREET ADDRESS 5151 NORTHLAKE BLVD.
CITY-ST-ZIP PALM BEACH GARDENS, FL 3318
☐ Change ☒ Addition

TITLE D
NAME LAGIN, NEIL
STREET ADDRESS 17730 MAPLEWOOD DR.
CITY-ST-ZIP BOCA RATON FL 33487-2171
☒ Delete

TITLE D
NAME LEIBOVIT, ART
STREET ADDRESS 232-A ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH, FL 33480
☐ Change ☒ Addition

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 #

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90011 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

3-17-2000

561 655-0620