2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90080 016 ****61.25

DOCUMENT # N93000003789

1. Entity Name

PALM BEACH COUNTY EXTENSION OVERALL ADVISORY COM

Principal Place of Business	Mailing Address
C/O AGRICULTURAL SERVICES CENTER 559 N. MILITARY TRAIL WEST PALM BEACH FL 33415	C/O AGRICULTURAL SERVICES CENTER 559 N. MILITARY TRAIL WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERDOMO, RAUL DR P.O. BOX 86 N/A SOUTH BAY FL 33943	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, MIKE 5151 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33418	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHOECH, CHARLES ESQ P.O. BOX 2775 N/A PALM BEACH FL 33480-2775	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEIBOVIT, ART 232-A ROYAL PALM WAY PALM BEACH FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAUER, KATHY 515 FLAGLER BLVD LAKE PARK FL 33403	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURANDO, ROSA 10308 HERITAGE FARMS RD. LAKE WORTH FL 33467-6720	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMBLEE, SANDRA 1045 TABIT RD BELLE GLADE FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CLICK, DAVID 810 SATURN ST. STE 15 JUPITER FL 33477-4456	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 F. Schoech 4-18-2001 561-655-0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #