## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9300003789

1. Entity Name

## PALM BEACH COUNTY EXTENSION OVERALL ADVISORY COM

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

## FILED Apr 25, 2001 8:00 am Secretary of State

04-25-2001 90080 016 \*\*\*\*61.25



2. Principal Pi	ace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	3	City & State				4. FEI Number NOT APPLICABLE Applied For Not Applicable				
Zip	Country	Zip Countr		ntry			of Status Desired	· · ·	8.75 Add ee 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)						
WCO! TA	-		City					FL	Zip Code	9
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										
	FILE NOW: FEE IS \$61.25	<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>						ake Check Payable to Department of State		
10.	OFFICERS AND DIF	ECTORS	TORS 11.		A	DDITIONS/CHA	ANGES TO OFFICI	ERS AND DIR	ECTORS IN	10
TITLE NAME STREET ADDRESS	D PERDOMO, RAUL DR P.O. BOX 86 N/A	<b>⊠</b> Delete	TITLE NAMI STRE			AM, MIKE NORTHLAI	KE BLVD.		☐ Change	★ Addition
CITY-ST-ZIP	SOUTH BAY FL 33943		City-St-ZIP		PALM	BEACH GA	ARDENS FL	33418		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHOECH, CHARLES ESQ P.O. BOX 2775 N/A PALM BEACH FL 33480-2775	□ Delete			D LEIB( 232-/	□ Change ☑ Addition OVIT, ART A ROYAL PALM WAY BEACH FL 33480				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUER, KATHY 515 FLAGLER BLVD LAKE PARK FL 33403	<b>≰</b> .] Delete			L SUI	-OLAVIII-4	J540U		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURANDO, ROSA	<b>K</b> ] Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBLEE, SANDRA 1045 TABIT RD BELLE GLADE FL 33430	☐ Delete							Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	V CLICK, DAVID 810 SATURN ST. STE 15 JUPITER FL 33477-4456	⊠ Delete							☐ 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:** 

FED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2001