

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000003484**

1. Entity Name

**PALM BEACH COUNTY MANAGEMENT SERVICES, INC.**

Principal Place of Business

**324 DATURA ST.  
SUITE 401  
WEST PALM BEACH FL 33401**

Mailing Address

**324 DATURA ST.  
SUITE 401  
WEST PALM BEACH FL 33401-5417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**COLEMAN, IRA J  
MCDERMOTT WILL & EMERY  
201 S. BISCAYNE BLVD.  
MIAMI FL 33131**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PORTER, SCOTT L</b>	
STREET ADDRESS	<b>505 S. FLAGLER DRIVE #900</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OSTROW, HAROLD</b>	
STREET ADDRESS	<b>6585 KENSINGTON LANE #206</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHNECK, KENNETH JR</b>	
STREET ADDRESS	<b>171 N. LAKE AVE</b>	
CITY-ST-ZIP	<b>PAHOKEE FL 33476</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, ARTHUR PH.D.</b>	
STREET ADDRESS	<b>6117 OLD COURT ROAD, APT. 326</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HEALEY, E. J REP.</b>	
STREET ADDRESS	<b>3003 S. CONGRESS AVE. #2D</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33461</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MALECKI, JEAN M</b>	
STREET ADDRESS	<b>826 EVERNIA STREET</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>I. Jeffrey Pheterson</b>	<b>X DELETE</b>
STREET ADDRESS	<b>400 S. Dixie Hwy. #420</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Randee S. Schatz</b>	
STREET ADDRESS	<b>220 Sunrise Ave. #209</b>	
CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

Harold Ostrow

1/12/00

(561) 495-1120

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #