

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005021

1. Entity Name

THE PROFESSIONAL AND BUSINESS FORUM, INC.

Principal Place of Business

6205 WOOD LAKE ROAD
JUPITER FL 33458

Mailing Address

PO BOX 2437
WEST PALM BEACH FL 33402-2437
US

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
65-0526980

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

SHERMAN, HEIDI
6205 WOOD LAKE ROAD
JUPITER FL 33458

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 VD ☒ Delete
NAME HORNIMAN, JACK L
STREET ADDRESS 304 GOLFVIEW 4RD #403E
CITY-ST-ZIP N PLAM BEACH FL

TITLE PD ☒ Delete
NAME DEYERMOND, JEAN
STREET ADDRESS 1110 DEAR ISLAND DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE D ☐ Delete
NAME SHERMAN, HEIDI
STREET ADDRESS 6205 WOOD LAKE RD
CITY-ST-ZIP JUPITER FL 33458

TITLE D ☒ Delete
NAME CULLE, RICHARD
STREET ADDRESS 6644 PATIO LN
CITY-ST-ZIP BOCA RATON FL

TITLE STD ☐ Delete
NAME SHERMAN, R SCOTT
STREET ADDRESS 6205 WOOD LAKE RD
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Delete
NAME *Robertson, David*
STREET ADDRESS
CITY-ST-ZIP

TITLE P/D ☐ Change ☒ Addition
NAME Joel Schwartz
STREET ADDRESS 6399 Via Rosa
CITY-ST-ZIP Boca Raton, FL 33433

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

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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: *Heidi Sherman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

561 745-9143

Daytime Phone #

CR2E037 (9/99)