

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005197

1. Entity Name

TOWNE FAMILY FOUNDATION, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90038 012 \*\*\*\*61.25

Principal Place of Business  
3900 OAKS CLUBHOUSE DRIVE  
BLDG. 76, APARTMENT 207  
POMPANO BEACH FL 33069

Mailing Address  
3900 OAKS CLUBHOUSE DRIVE  
BLDG. 76, APARTMENT 207  
POMPANO BEACH FL 33069-3669

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

65-0530930

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

TOWNE, A C JR  
3900 OAKS CLUBHOUSE DRIVE  
BLDG. 76, APARTMENT 207  
POMPANO BEACH FL 33069

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	PD	<input type="checkbox"/> Delete
NAME	TOWNE, JR. A	
STREET ADDRESS	3900 OAKS CLUBHOUSE DR BLD 76 #207	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TOWNE, MARYLAND J.	
STREET ADDRESS	3900 OAKS CLUBHOUSE DR BLD 76 #207	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMIERI, MADELIN T.	
STREET ADDRESS	639 TEAK CT	
CITY-ST-ZIP	WALNUT CREEK CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMIERI, LAURENCE	
STREET ADDRESS	639 TEAK CT	
CITY-ST-ZIP	WALNUT CREEK CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMIERI, KATHRYN	
STREET ADDRESS	639 TEAK CT	
CITY-ST-ZIP	WALNUT CREEK CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUNKEN, STEPHANIE	
STREET ADDRESS	1024 POWER AVE #188	
CITY-ST-ZIP	PITTSBURG CA 94565	

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	
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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/00 954-972-8735

CR2E037 (9/99)