

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90066 035 \*\*\*\*61.25

**DOCUMENT # N94000005197**

1. Entity Name

**TOWNE FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

3900 OAKS CLUBHOUSE DRIVE  
 BLDG. 76, APARTMENT 207  
 POMPANO BEACH FL 33069

3900 OAKS CLUBHOUSE DRIVE  
 BLDG. 76, APARTMENT 207  
 POMPANO BEACH FL 33069

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  
 NAME PD  
 STREET ADDRESS TOWNE, JR. A  
 CITY-ST-ZIP 3900 OAKS CLUBHOUSE DR BLD 76 #207  
 POMPANO BEACH FL

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

TITLE  
 NAME STD  
 STREET ADDRESS TOWNE, MARYLAND J.  
 CITY-ST-ZIP 3900 OAKS CLUBHOUSE DR BLD 76 #207  
 POMPANO BEACH FL

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

TITLE  
 NAME D  
 STREET ADDRESS PALMIERI, MADELIN T.  
 CITY-ST-ZIP 639 TEAK CT  
 WALNUT CREEK CA

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

TITLE  
 NAME D  
 STREET ADDRESS PALMIERI, LAURENCE  
 CITY-ST-ZIP 639 TEAK CT  
 WALNUT CREEK CA

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

TITLE  
 NAME D  
 STREET ADDRESS PALMIERI, KATHRYN  
 CITY-ST-ZIP 639 TEAK CT  
 WALNUT CREEK CA

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

TITLE  
 NAME D  
 STREET ADDRESS SUNKEN, STEPHANIE  
 CITY-ST-ZIP 1024 POWER AVE #188  
 PITTSBURG CA 94565

TITLE  
 NAME D  
 STREET ADDRESS PALMIERI, STEPHANIE  
 CITY-ST-ZIP 639 TEAK CT.  
 WALNUT CREEK, CA ☒ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)