

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005826

1. Entity Name

PALM BEACH CHAMBER OF COMMERCE FOUNDATION, INC.

FILED

May 14, 2002 8:00 am
Secretary of State

05-14-2002 90060 025 ****61.25

Principal Place of Business

Mailing Address

45 COCOANUT ROW
PALM BEACH FL 33480

45 COCOANUT ROW
PALM BEACH FL 33480

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

65-0540824

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

Name

LAUREL T. BAKER

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

45 COCOANUT ROW

City

PALM BEACH FL

Zip Code

33480

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 checked="" type="checkbox"/> Delete
NAME	HOEFAUER, PAMELA	
STREET ADDRESS	45 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITACRE, PHIL	
STREET ADDRESS	45 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAUS, JOHN G.	
STREET ADDRESS	45 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEONE, PAUL N CPA	
STREET ADDRESS	THE BREAKERS, ONE SOUTH COUNTY RD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	ED	<input type="checkbox"/> Delete
NAME	BAKER, LAUREL	
STREET ADDRESS	45 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SEADENI, DAVID K.	
STREET ADDRESS	45 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID H. SCAFF	
STREET ADDRESS	255 SOUTH COUNTY ROAD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	44 COCOANUT ROW	
CITY-ST-ZIP	M-201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	312 WORTH AVENUE	
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANA THOMAS	
STREET ADDRESS	223 SUNSET AVENUE #200	
CITY-ST-ZIP	PALM BEACH FL 33480	

CR2E037 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 561.655.3282