

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90126 001 ****61.25

DOCUMENT # N95000002242

1. Entity Name

LAND TRUST OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

**301 N. ATLANTIC DRIVE
 LANTANA FL 33462**

**301 N. ATLANTIC DRIVE
 LANTANA FL 33462-1917**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0620324

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TENNYSON, ROD ESQ.
 1801 AUSTRALIAN AVENUE SOUTH STE 101
 WEST PALM BEACH FL 33409**

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 Delete
 NAME **PD TENNYSON, ELIZABETH**
 STREET ADDRESS **301 N. ATLANTIC DRIVE**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD PAINTER, PATRICK**
 STREET ADDRESS **12887 RAYMOND DRIVE**
 CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D JONES, LLOYD**
 STREET ADDRESS **4500 S. OCEAN BLVD**
 CITY-ST-ZIP **S. PALM BEACH FL 33480**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LEAS, MINNIE P**
 STREET ADDRESS **218 N. ATLANTIC DRIVE**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BASS, STEVE**
 STREET ADDRESS **4696 MEADOW GREEN TRAIL**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SHOLFELD, ROBERT**
 STREET ADDRESS **4500 S. OCEAN BLVD**
 CITY-ST-ZIP **S. PALM BEACH FL 33480**

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00
 Date

561-585-6284
 Daytime Phone #

CR2E037 (9/99)