

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90094 038 ****61.25

DOCUMENT # N95000003379

1. Entity Name

CONSIDER THE LILIES OF THE PALM BEACHES, INC.



Principal Place of Business

**1064 THE POINTE DR.
WEST PALM BEACH FL 33409
US**

Mailing Address

**1064 THE POINTE DR.
WEST PALM BEACH FL 33409
US**

2. Principal Place of Business

826 WRIGHT DR

Suite, Apt. #, etc.

3. Mailing Address

826 WRIGHT DR

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH, FL

Zip

33461

Country

USA

Zip

33461

Country

USA

4. FEI Number **65-0641513**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PORRO, HILDA M
12773 W FORESTHILL BLVD STE 1201
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **STEVENS, TAYLOR**
STREET ADDRESS **1064 THE POINTE DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33409** **826 WRIGHT DR LAKE WORTH FL 33461**

TITLE **T** ☐ Delete
NAME **OWNBY, MARY**
STREET ADDRESS **105 PARADISE HBR BLVD 108**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **T** ☐ Delete
NAME **RASP, BARBARA**
STREET ADDRESS **1703 WATERVIEW CIRCLE**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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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 REQUIRED

3-12-03 561 585-7441

CR2E037 (10/02)