

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/2

DOCUMENT # N95000004692

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90007 030 \*\*\*\*61.25

1. Entity Name

**HISTORICAL FOUNDATION OF PALM BEACH COUNTY, INC.**

Principal Place of Business

400 NORTH DIXIE HIGHWAY  
 WEST PALM BEACH FL 33401

Mailing Address

400 NORTH DIXIE HIGHWAY  
 WEST PALM BEACH FL 33401-4210

*528 A Clematis St.*

*570 A Clematis St.*

2. Principal Place of Business

~~518 Banyan Blvd~~  
 Suite, Apt. #, etc.

3. Mailing Address

~~518 Banyan Blvd~~  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
*West Palm Beach FL*

City & State  
*West Palm Beach FL*

4. FEI Number  
**65-0631603**

Applied For  
 Not Applicable

Zip  
*33401*

Country  
*Palm Beach*

Zip  
*33401*

Country  
*Palm Beach*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GASPARI, KRISTEN**  
 400 N. DIXIE HIGHWAY  
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name  
*Mr. David L. Perry, Jr., P.A.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*625 N. FLAGLER DRIVE, STE 700*

City  
*West Palm Beach* FL Zip Code  
*33401*

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 *David L. Perry, Jr.* **PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**3-13-00**

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAMBAUGH, REGINALD J DR. 400 NORTH DIXIE HIGHWAY WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, F. TED DR. 400 NORTH DIXIE HIGHWAY WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BORNSTEIN, MICHAEL 400 NORTH DIXIE HIGHWAY WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNING, LAWRENCE 400 N. DIXIE HIGHWAY WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELHILOW, MARK 400 N. DIXIE HIGHWAY WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>James O'ring 4/4/00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>561-833-1600</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDP MICHAEL BORNSTEIN 518 Banyan Blvd West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CORNING, LAWRENCE 518 Banyan Blvd West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Katherine H. Dickenson 1240 Coconut Rd Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Michael Bornstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/9/00** DAYTIME PHONE # **561-659-3060**

CR2E037 (9/99)