

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000676

1. Entity Name

WEST PALM BEACH INDEPENDENT FILM FESTIVAL INC.

Principal Place of Business

251 8TH ST.
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVE.
STE. 160-284
WEST PALM BEACH FL 33401-6145

2. Principal Place of Business

330 ALMERIA RD.

3. Mailing Address

Suite, Apt. #, etc.

#3

City & State
WEST PALM BEACH, FL

City & State

Zip
33405

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0653812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOW, KEELY
1350 N. OCEAN BLVD.
PALM BEACH FL 33480

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.

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

TITLE P/D
NAME FLOW, KEELY
STREET ADDRESS 1350 N. OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE VD
NAME WILSON, JOHN
STREET ADDRESS 251 8TH ST
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ Delete

TITLE SD
NAME MILNER, TARA
STREET ADDRESS 320 PLAZA REAL, #208
CITY-ST-ZIP BOCA RATON FL 33432 ☒ Delete

TITLE DD
NAME SCHLEGEL, RYAN
STREET ADDRESS 2000 MONROE ST., #2
CITY-ST-ZIP HOLLYWOOD FL 33020 ☒ Delete

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 P/D
NAME DOMINIC GIANNETTI
STREET ADDRESS 103 US HWY, SUITE 209
CITY-ST-ZIP JUPITER, FL 33477 ☐ Change ☒ Addition

TITLE V/D
NAME ALVARO PERGEYA
STREET ADDRESS 502 SW 1ST ST.
CITY-ST-ZIP BOCA RATON, FL 33486 ☐ Change ☒ Addition

TITLE T/D
NAME JEREMY VURICEK
STREET ADDRESS 21481 TOWN LAKES DR.
CITY-ST-ZIP BOCA RATON, FL 33486 ☐ Change ☒ Addition

TITLE D
NAME ILONA GRABARCZYK
STREET ADDRESS 210 E. OCEAN AVE.
CITY-ST-ZIP LANTANA, FL 33462 ☐ Change ☒ Addition

TITLE P/D
NAME KEELY FLOW
STREET ADDRESS 1350 N. OCEAN BLVD.
CITY-ST-ZIP PALM BEACH, FL 33480 ☒ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #