

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003790

1. Entity Name

GREATER BOYNTON BEACH CHAMBER OF COMMERCE EDUCAT

Principal Place of Business

639 EAST OCEAN AVENUE  
SUITE 108  
BOYNTON BEACH FL 33435

Mailing Address

639 EAST OCEAN AVENUE  
SUITE 108  
BOYNTON BEACH FL 33435-5013

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

65-0727386

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

SHABOTYNSKYJ, KATHY  
639 EAST OCEAN AVENUE  
FIRST FINANCIAL PLAZA, SUITE 108  
BOYNTON BEACH FL 33435

Name

DIANA H. JOHNSON

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 D ☐ Delete  
NAME BOTTCHE, MICHAEL  
STREET ADDRESS 820 NORTH FEDERAL HWY.  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE VC/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME KALEEL, KENNETH M.  
STREET ADDRESS 555 N. CONGRESS AVE, SUITE 302  
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME SHABOTYNSKYJ, KATHY  
STREET ADDRESS 639 E. OCEAN AVE, SUITE 108  
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE P/D ☐ Change ☒ Addition  
NAME DIANA H. JOHNSON  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S/D ☒ Delete  
NAME FARACE, VIRGINIA K  
STREET ADDRESS 208 SOUTH SEACREST BLVD.  
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE VC/D ☐ Change ☒ Addition  
NAME JEFF PERLMAN  
STREET ADDRESS 5801 North Congress Ave.  
CITY-ST-ZIP Boca Raton, FL 33487

TITLE D ☐ Delete  
NAME LEWIS, RICK  
STREET ADDRESS 12700 MILITARY TRAIL  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE C/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME TAYLOR, ROBERT B JR.  
STREET ADDRESS 2815 SO. SEACREST BLVD.  
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE VC/T/D ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

561-732-9501

Daytime Phone #

CR2E037 (9/99)

FILED  
Apr 05, 2000 8:00 am  
Secretary of State

04-05-2000 90077 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE