

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90064 035 ****61.25

DOCUMENT # N96000004249

1. Entity Name

PALM BEACH COUNTY WORKFORCE DEVELOPMENT BOARD, I

Principal Place of Business

**2051 MARTIN LUTHER KING JR
SUITE 302
RIVIERA BEACH FL 33404
US**

Mailing Address

**2051 MARTIN LUTHER KING JR
SUITE 302
RIVIERA BEACH FL 33404
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0709274

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

**FINLEY, CHANDLER R
FINLEY & ASSOCIATES, P.A.
1645 PALM BEACH LAKES BLVD., #520
WEST PALM BEACH FL 33401**

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	DC	<input checked="" type="checkbox"/> Delete
NAME	LUHRSEN, DAVID DR	
STREET ADDRESS	7624 DOUBLETON DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33401	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PRUITT, WILLIAM E	
STREET ADDRESS	505 S. FLAGLER DR. #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILLIAMS, JUAN J	
STREET ADDRESS	1525-A PROSPERITY FARMS ROAD	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	EWING, DALE	
STREET ADDRESS	4620 SUMMIT BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	DED	<input type="checkbox"/> Delete
NAME	MONTGOMERY, KENNETH E	
STREET ADDRESS	600 S DIXIE HWY	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chester, Don W.	
STREET ADDRESS	Intracoastal Healthcare	
CITY-ST-ZIP	901 45th St., WPB, FL 33407	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davis, Max	
STREET ADDRESS	11046 Oakway	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlson, Suzanne	
STREET ADDRESS	9901 Ryder Cup Blvd.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2051 Martin Luther King Jr., Blvd,	
STREET ADDRESS	#302, Riviera Beach, FL 33404	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kenneth E. Montgomery, President

March 14, 2001

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)