

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006279

1. Entity Name

PALM-NET, PALM BEACH COUNTY ENVIRONMENTAL NETWORK

Principal Place of Business

Mailing Address

6301 SUMMIT BLVD
W. PALM BEACH FL 33415

6301 SUMMIT BLVD
W. PALM BEACH FL 33415-3550

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0712420

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

OPPER, MARILYNN
6301 SUMMIT BLVD
W. PALM BEACH FL 33415

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 DP ☒ Delete
NAME PATRICIA WELCH
STREET ADDRESS 6809 HAMMOCK LANE
CITY-ST-ZIP WEST PALM BCH FL 33411

TITLE DP ☒ Change ☐ Addition
NAME STEVE BASS
STREET ADDRESS 1801 N. Ocean Blvd.
CITY-ST-ZIP Boca Raton FL 33432

TITLE DV ☒ Delete
NAME STEVE BASS
STREET ADDRESS 1801 N OCEAN BLVD
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☒ Change ☐ Addition
NAME Patricia Welch
STREET ADDRESS 6809 Hammock Ln.
CITY-ST-ZIP West Palm Beach FL 33411

TITLE DS ☒ Delete
NAME LYNDIA M JOHNSON
STREET ADDRESS 836 BLUEBERRY DR
CITY-ST-ZIP WELLINGTON FL 33414

TITLE DS ☒ Change ☒ Addition
NAME Kay Brennan
STREET ADDRESS 2308 Aspen Way
CITY-ST-ZIP Boynton Beach, FL 33436

TITLE DT ☐ Delete
NAME MARILYNN OPPER
STREET ADDRESS 14756 92ND CT N
CITY-ST-ZIP WEST PALM BCH FL 33412

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90005 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)