

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001287

1. Entity Name

VA RESEARCH FOUNDATION OF THE PALM BEACHES, INC.

Principal Place of Business

7305 N MILITARY TRAIL (104A)
PALM BEACH GARDENS FL 33420

Mailing Address

7305 N MILITARY TRAIL (104A)
PALM BEACH GARDENS FL 33420
US

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

65-0729845

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

DOWLING, RUTH
10,000 BAY PINES BLVD
BAY PINES FL 33744

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 NAME STREET ADDRESS CITY-ST-ZIP	D SEILER, EDWARD 7305 N MILITARY TRAIL WEST PALM BEACH FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOLEY, SUSAN G. 7305 N MILITARY TRAIL WEST PALM BEACH, FL. 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARA, JOHN R 7305 N MILITARY TRAIL (151) WEST PALM BEACH FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILLER, MAURA F 7305 N. MILITARY TRAIL WEST PALM BEACH, FL. 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLPP, BRIAN 7305 N MILITARY TRAIL WEST PALM BEACH FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KLOPFENSTEIN, SID 7305 N. MILITARY TRAIL WEST PALM BEACH, FL. 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, GREG 7305 N MILITARY TRAIL WEST PALM BEACH FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARRINO, THOMAS A. 7305 N. MILITARY TRAIL WEST PALM BEACH, FL. 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, SUZANNE L 7305 N MILITARY TRAIL WEST PALM BEACH FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARRA, DAVID 7305 N. MILITARY TRAIL WEST PALM BEACH, FL. 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COREY, THOMAS H 7305 N MILITARY TRAIL (151) WEST PALM BEACH FL 33410 <input type="checkbox"/> Delete	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:

Suzanne Cook, Acting Executive Director

4/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0050412

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90015 008 ****70.00

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DO NOT WRITE IN THIS SPACE