

# **N97000001498**

OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Palm Beach County Business Incubator, Inc. EIN or SS#: 65-0708459

Address: 2727 Georgia Avenue

West Palm Beach, Fl. 33405-1133

Amount: \$103.75 Date Paid 03/04/97

Reason for claim: Overpayment of Annual Report Filing Fee (N97000001498)

SCC

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signature See Attached!

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ <u>103.75</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>92577-008</u> dated <u>03/04/97</u>	
Name of Account <u>4520213000145300000000010000</u>	
Statutory Authority for Collection <u>607</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>45202130001453000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	(Agency)
	(Authorized Signature and Title)



**PALM BEACH COUNTY BUSINESS INCUBATOR, INC.**

2727 Georgia Avenue West Palm Beach, FL 33405-1191

(561) 655-9112 (561) 655-1395(fax)

e-mail: incubate@gate.net

June 16, 1997

Florida Department of State  
Division of Incorporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Sammy Caldwell

RE: Letter #997A00013622 & Document #N97000001498.

Dear Mr. Caldwell:

Per our recent phone conversation regarding the corporate filing of Palm Beach County Business Incubator, Inc., there was an overpayment on that application. With this letter we are requesting a refund of \$103.75 as per your instructions.

We appreciate your assistance in this matter, and thank you in advance of your efforts on our behalf.

Sincerely,

David E. Fancher  
Executive Director