

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002438

1. Entity Name

HOUSING SERVICES OF PALM BEACH COUNTY, INC.

Principal Place of Business

80 WEST 20TH ST  
RIVIERA BEACH FL 33404

Mailing Address

PO BOX 12824  
LAKE PARK FL 33403-0824

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

U. S. A.

Zip

Country

U. S. A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKIBBON-TURNER, BAMBI  
1001 W JASMINE DR  
STE J-1  
LAKE PARK FL 33403

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  
CD  
WALLACE, CLASSIE  
2450 AVE H WEST  
RIVIERA BEACH FL 33404 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCD  
NEWBERRY, SUSAN  
1105 9TH STREET  
RIVIERA BEACH FL 33404 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
MCKIBBON-TURNER, BAMBI  
1001 W JASMINE DR, STE J-1  
LAKE PARK FL 33403 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bambi McKibbon-Turner

Date

Daytime Phone #

FILED  
May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90940 046 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0763203

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

CR2E037 (9/99)