

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002852

1. Entity Name

JOYCE C. FISHER FOUNDATION, INC.

Principal Place of Business

440 ROYAL PALM WAY, STE. 200  
PALM BEACH FL 33480

Mailing Address

440 ROYAL PALM WAY, STE. 200  
PALM BEACH FL 33480-4142

2. Principal Place of Business

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach, FL

Zip

33401

Country

USA

6. Name and Address of Current Registered Agent

CHOPIN, FRANK  
440 ROYAL PALM WAY, STE. 200  
PALM BEACH FL 33480

4. FEI Number

65-0754318

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

505 S. Flagler Drive, Suite 300

City

West Palm Beach

FL

Zip Code  
33401

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

TITLE PSTD ☐ Delete  
NAME FISHER, JOYCE C  
STREET ADDRESS 700 N LAKE WY  
CITY-ST-ZIP PALM BCH FL

TITLE D ☐ Delete  
NAME PARKS, EDWARD M  
STREET ADDRESS 274 NORTHWESTERN HWY  
CITY-ST-ZIP SOUTHFIELD MI

TITLE D ☐ Delete  
NAME HAVERKAMP, CLAYTON M  
STREET ADDRESS 350 POINCIANA PLAZA, STE 2C  
CITY-ST-ZIP PALM BCH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

JOYCE C. FISHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 14, 2000 8:00 am  
Secretary of State

02-14-2000 90170 032 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE