

2000 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED

Jun 28, 2000 8:00 am
Secretary of State

04-21-2000 90130 040 ****61.25

DOCUMENT # N97000002879

1. Entity Name

PALM COAST JOINT APPRENTICESHIP COUNCIL INC.

Principal Place of Business

PALM BEACH COUNTY CARPENTERS JATC
1000 OKLAWAHA AVE
WEST PALM BEACH FL 33497

Mailing Address

PALM BEACH COUNTY CARPENTERS JATC
1000 OKLAWAHA AVE
WEST PALM BEACH FL 33409-4110

2. Principal Place of Business

PALM BEACH COUNTY TROWEL TRADERS JATC

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE # 106

Suite, Apt. #, etc.

City & State
WEST PALM BEACH FL

City & State

Zip
33409

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

--- ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANTZ, RONALD K
1860 FOREST HILL BLVD STE 200
WEST PALM BCH FL 33408

7. Name and Address of New Registered Agent

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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	STEEN, MIKE	
STREET ADDRESS	1001 W 15TH ST	
CITY-ST-ZIP	RIEMER BEACH FL 33404	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	SHREWSBURY, DAN	
STREET ADDRESS	1000 OKLAWAHA AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33497	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGINLEY, JEFF	
STREET ADDRESS	1213 OMAR ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH NITTOLO	
STREET ADDRESS	2000 N. FL MANGO RD. STE. 106	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADELINE GUFFY	
STREET ADDRESS	2000 N. FL MANGO RD. STE. 106	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-833-6812

850-477-6059

CR2E037 (9/99)