

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003097

1. Entity Name

YOUNG MARINES OF THE PALM BEACHES, INC.

Principal Place of Business

9175 165TH PLACE, NORTH
JUPITER FL 33478

Mailing Address

9175 165TH PLACE, NORTH
JUPITER FL 33478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90069 007 ****61.25

902994



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

CULLEN, NORMA P
9175 165TH PLACE, NORTH
JUPITER FL 33478

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

Norma P. Cullen

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 ☐ Delete
NAME D
STREET ADDRESS CULLEN, THOMAS P
CITY-ST-ZIP 9175 165TH PL N
JUPITER FL 33478

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LARRABEE, RAMONA
CITY-ST-ZIP 5310 ELMHURST RD.
WEST PALM BEACH FL 33417

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5310 ELMHURST RD
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS CULLEN, NORMA P
CITY-ST-ZIP 9175 165TH PL N
JUPITER FL 33478

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Norma P. Cullen

JAN 4 2002 (561) 747-2981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0076413