

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90002 002 \*\*\*\*61.25

**DOCUMENT # N97000006384**

1. Entity Name

**FIRST PRIORITY PALM BEACH COUNTY, INC.**

Principal Place of Business

Mailing Address

6542 HYPOLUXO ROAD  
 #307  
 LAKE WORTH FL 33467

6542 HYPOLUXO ROAD  
 #307  
 LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0799464**

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

**BROWER, DAVID W**  
**6542 HYPOLUXO ROAD**  
**#307**  
**LAKE WORTH FL 33467**

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  
**PTSD**  
**BROWER, DAVID W**  
**6228 LANSDOWNE CIRCLE**  
**BOYNTON BEACH FL 33437** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STEVE SCALICI - TRUSTEE** ☐ Change ☒ Addition  
**6305 MICHAEL ST**  
**PALM BEACH GARDENS, FL 33418**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**C** ☒ Delete  
**BROWER, DAVID W**  
**6228 LANSDOWNE CIRCLE**  
**BOYNTON BEACH FL 33437**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SONYA DEWITT - TRUSTEE** ☐ Change ☒ Addition  
**1093 NORTHUMBRIAN CT**  
**WEST PALM BEACH, FL 33414**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T** ☐ Delete  
**MOORE, JOSEPH P**  
**17680 OAKWOOD AVENUE**  
**BOCA RATON FL 33487**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**JERRY SCHUMACHER - TRUSTEE** ☐ Change ☒ Addition  
**517 MARLIN RD**  
**NORTH PALM BEACH, FL 33408**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T** ☒ Delete  
**WHITEHEAD, JOHN**  
**12070 OLD COUNTRY ROAD**  
**WELLINGTON FL 33414**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**BILL MAUSER - TRUSTEE** ☐ Change ☒ Addition  
**6064 STRAWBERRY LAKES CIR**  
**LAKE WORTH, FL 33463**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-01

5617936889 x232

CR2E037 (10/00)