2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

DOCUMENT # N9800001868 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name PALM BEACH COUNTY PARTNERSHIP FOR AGING, INC. 09-11-2000 90012 041 ****70.00 Principal Place of Business Mailing Address 2600 QUANTUM BLVD. 2600 QUANTUM BLVD. **BOYNTON BCH FL 33426 BOYNTON BCH FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3503761 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FLEISCHER, SUSAN 2699 STIRLING RD., SUITE C-304 FT. LAUDERDALE FL 33312 Zip Code City 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. П Added to Fees **Department of State** After September 13, 2000 min. will be \$236.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. CD ☐ Addition Defete TITLE Change FLEISCHER, SUSAN NAME NAME STREET ADDRESS 2699 STIRLING RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33331 COCD Change ■ Addition ☐ Delete TITLE TITLE COHEN, BONNIE NAME NAME STREET ADDRESS 423 FERN ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WPB FL 33401 Addition SD TITLE ☐ Delete TITLE Panela Hapke 6600 W. Atlantic YANKOW, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 2180 HYPOLUXO RD CITY-ST-ZIP CITY-ST-7IP LANTANA FL 33462 Change TĎ TITLE ☐ Addition ☐ Delete TITI F Yankow, Jeffrey Rd 2180 Hypolux of Rd NAME STEELE, JACK NAME STREET ADDRESS STREET ADDRESS 8895 N MILITARY TR 201C CITY-ST-ZIP CITY-ST-ZIP PBG FL 33410 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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