2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
02-21-2002 90059 010 ****61.25

DOCUMENT # N98000001868

1. Entity Name

PALM BEACH COUNTY PARTNERSHIP FOR AGING, INC

Principal Place of Business	Mailing Address
2600 QUANTUM BLVD. BOYNTON BCH FL 33426	2600 QUANTUM BLVD. BOYNTON BCH FL 33426

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3503761 — 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
FLEISCHER, SUSAN 2699 STIRLING RD., SUITE C-304 FT. LAUDERDALE FL 33312	Name: Eric Combast Street Address (P.O. Box Number is Not Acceptable): 1400 Centrepark Blvd. Ste. 700 City: West Palm Beach FL Zip Code 33401-7419

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: Eric Combast — 02-07-02

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: CD NAME: FLEISCHER, SUSAN STREET ADDRESS: 2699 STIRLING RD CITY-ST-ZIP: FT LAUDERDALE FL 33331	☒ Delete	TITLE: President NAME: Eric Combast STREET ADDRESS: 1400 Centrepark Blvd Ste 700 CITY-ST-ZIP: West Palm Beach, FL 33401-7419	☐ Change ☒ Addition D
TITLE: COCD NAME: COHEN, BONNIE STREET ADDRESS: 423 FERN ST CITY-ST-ZIP: WPB FL 33401	☒ Delete	TITLE: Vice President NAME: Pamela Hapke STREET ADDRESS: 7000 W. Atlantic Ave CITY-ST-ZIP: Delray Beach FL 33446	☒ Change ☐ Addition D
TITLE: TD NAME: YANKOW, JEFFREY STREET ADDRESS: 2180 HYPOLUXO RD CITY-ST-ZIP: LANTANA FL 33462	☐ Delete D	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: SD NAME: HAPKE, PAMELA STREET ADDRESS: 7000 W. ATLANTIC AVE CITY-ST-ZIP: DELRAY BEACH FL 33446	☒ Delete	TITLE: Secretary NAME: David Fleurange STREET ADDRESS: 3923 Lake Worth Rd. CITY-ST-ZIP: Lake Worth, FL 33461	☐ Change ☐ Addition D
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: Eric Combast — 02-07-02 — 561-686-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E057 (9/01)