

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90048 005 ****61.25

DOCUMENT # N98000003278

1. Entity Name

PALM BEACH COUNTY ALLSTARS, INC.

Principal Place of Business

Mailing Address

1015 WOODFIELD CIRCLE
 PALM BEACH GARDENS FL 33418

1015 WOODFIELD CIRCLE
 PALM BEACH GARDENS FL 33418

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

65-0846985

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

FARBSTEIN, BEN I
3109 STIRLING ROAD
SUITE 101
FORT LAUDERDALE FL 33312

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 **D** ☒ Delete
 NAME **BLOIS, GEORGIA**
 STREET ADDRESS **16430 JUPITER FARMS ROAD**
 CITY-ST-ZIP **JUPITER FL 33478**

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

TITLE **D** ☐ Delete
 NAME **AHEARN, KIM**
 STREET ADDRESS **6424 BARBARA STREET**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE **DP** ☒ Change ☐ Addition
 NAME **AHEARN, KIM**
 STREET ADDRESS **6424 BARBARA STREET**
 CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **TD** ☐ Delete
 NAME **JOHNSON, MARY H**
 STREET ADDRESS **1015 WOODFIELD CIRCLE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **TD** ☒ Change ☐ Addition
 NAME **JOHNSON, MARY HELEN**
 STREET ADDRESS **1015 WOODFIELD CIRCLE**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **VD** ☐ Delete
 NAME **JENNIFER KNOEBEL**
 STREET ADDRESS **150 PINEVIEW ROAD, UNIT J-4**
 CITY-ST-ZIP **JUPITER, FL 33469**

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

TITLE **SD** ☐ Delete
 NAME **TRACI DEGEORGE**
 STREET ADDRESS **3208 PILOTS POINT CIRCLE**
 CITY-ST-ZIP **JUPITER, FL 33477**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED measure 4/24/02 (561) 659-9946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E037 (9/01)