

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90436 042 ****61.25

DOCUMENT # N98000003278

1. Entity Name

PALM BEACH COUNTY ALLSTARS, INC.



Principal Place of Business

**1015 WOODFIELD CIRCLE
PALM BEACH GARDENS FL 33418**

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP AHEARN, KIM	<input type="checkbox"/> Delete
STREET ADDRESS	6424 BARBARA STREET	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE NAME	TD JOHNSON, MARY HELEN	<input type="checkbox"/> Delete
STREET ADDRESS	1015 WOODFIELD CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE NAME	VD KNOEBEL, JENNIFER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	150 PINEVIEW RD. UNIT J-4	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE NAME	SD DEGEORGE, TRACI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3208 PILOTS POINT CIR.	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	SD TERESA S. LEWIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	416 MEADOWLARK DRIVE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE NAME	D APRIL PENROD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1203 TOWN CENTER DRIVE #218	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE NAME	D LISA S. JENSEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	606 SHORE ROAD	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE NAME	D KATHY LAVOLD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10349 TRAILWOODS COURT	
CITY-ST-ZIP	JUPITER, FL 33478	
TITLE NAME	D LISA WRIGHT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6021 MULLIN STREET	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **MARY HELEN JOHNSON, TREASURER**

4/18/03 (561) 659-9946

CR2E037 (10/02)