

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90030 044 \*\*\*\*61.25

**DOCUMENT # N99000000670**

1. Entity Name

**SILVER WINGS FRATERNITY PALM BEACH CHAPTER, INC.**

Principal Place of Business

Mailing Address

1030 U.S. HIGHWAY 1 #112  
 NORTH PALM BEACH FL 33408

1030 U.S. HIGHWAY 1 #112  
 NORTH PALM BEACH FL 33408-3818

2. Principal Place of Business

**1030 U.S. Highway 1**

3. Mailing Address

**1030 U.S. HIGHWAY 1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 214**

**# 214**

City & State

**NORTH PALM BEACH, FL**

City & State

**NORTH PALM BEACH, FL**

Zip

**33408**

Country

**U.S.A.**

Zip

**33408**

Country

**U.S.A.**

4. FEI Number

**65-0889030**

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

**NILSON, ROBERT**  
**1030 U.S. HIGHWAY 1 #112 #214**  
**NORTH PALM BEACH FL 33408**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1030 U.S. HIGHWAY 1 #214**

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  Delete  
 NAME **D DAVIS, JUNE**  
 STREET ADDRESS **250 VIA BELLARIA**  
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D NILSON, ROBERT**  
 STREET ADDRESS **1030 U.S. HIGHWAY 1 #214**  
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D YOUNT, JACK**  
 STREET ADDRESS **1030 U.S. HIGHWAY 1 #112**  
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **327 Southwind Drive #307**  
 CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE  Delete  
 NAME **D ZIEL, JOHANNES**  
 STREET ADDRESS **1030 U.S. HIGHWAY 1 #114**  
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

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: **Robert Nilson** **ROBERT NILSON**

**1/17/00**

**(561)626 7994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)