

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001052

1. Entity Name

PALM BEACH FLORIDA ASSOCIATION OF OCCUPATIONAL H

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90053 022 ****61.25

Principal Place of Business Mailing Address
160 AUSTRALIAN AVE., STE. 102 160 AUSTRALIAN AVE., STE. 102
W. PALM BEACH FL 33406 W. PALM BEACH FL 33406-1465

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 65-0908920 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
ROBERTS, SCOTT C ESQ 1400 W. FAIRBANKS AVE., STE. 204 WINTER PARK FL 32789
Address change only
Name Roberts, Scott C.
Street Address (P.O. Box Number is Not Acceptable)
37 North Orange Ave, Ste 200
Orlando FL Zip Code 32801

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BREWER, ANNIE 160 AUSTRALIAN AVE., STE. 102 W. PALM BEACH FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Caudill, M. Susan 3114 Chapel Hill Blvd. Boynton Bch, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, LUNDA 2201 45TH ST. W. PALM BEACH FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, BARBARA P.O. BOX 1714 N/A CLEWISTON FL 33440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, THERESA 2412 S.W. 5TH ST. BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHITING, SUZETTE P.O. BOX 1344 N/A CLEWISTON FL 33440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT D'ALAURO-RIZZOLO, MARLENE 8588 THOUSAND PINES CT. W. PALM BEACH FL 33411	TITLE 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] (ANNIE Brewer) 5-16-00 561-233-5450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #