## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 14, 2003 8:00 am Secretary of State

1/27

<u> </u>					01-27-2003 90	1222 047 **	*1.50.00	
DOCUMENT # P02000087889  1. Entity Name FRIENDS OF WEST PALM BEACH, INC.					01-27-2003 90	<i>1522</i> 047 ***	130.00	
Principal Place of Business 1800 CLD OKEECHOBEE ROAD SUITE 200 WEST PALM BEACH FL 33409		Mailing Address 1600 OLD OKEECHOBEE ROAD SUITE 200 WEST PALM BEACH FL 33409						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES  A FEL Number Applied For			
City & State		City & State			52-2370930	Not	Applicable	
Zip	Country	Zip	Country	-	Certificate of Status Desired	\$8.75 Addi Fee Required	tional	
	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New Registered	Agent		
	O. (Maille Brid Address of Control		Name -		منهر و المراكزة مستحملين من الوقيد المشار عبد بالبيد الي		· [	i
SILBER, LOUIS M			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
1800 OLD OKEECHOBEE ROAD								i
SUITE 200								l
WEST PAL	City		F	Zip Code	'	l		
		A 1	-intered office or	rogistered as	nent or both in the State of Florida. I ar	n familiar with,	and accept	ł
6. The above	named entity submits this statement to	or the purpose of changing its re	agistered outce or	iegistorea ag	gent, or both, in the State of Florida. I an			İ
the obligation	ons of registered agent.							ĺ
SIGNATURE -		averte:	Registered Agent signatu	ne required when r	einstating) DATE		<del></del>	1
	Signature, typed or printed name of registered agent	and the riapproton. (NO.E.	(Indiana and Advisory and Advis		T			ļ
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00				Election Campaign Financing     Trust Fund Contribution.	\$5.00 Added	O May Be to Fees	
Make Check	Payable to Florida Department o				DDITIONS/CHANGES TO OFFICERS A	ID DIRECTORS	2 (N) 1 7	i
-10.	OFFICERS AND	DIRECTORS	11.	ALAL	DDITIONS/CHANGES TO OFFICERS A		Addition	Ñ
TITLE	PRESIDENT	☐ Delete '	TITLE			☐ Change		CR2E034 (10/02)
NAME	LOUIS M. SILBE	TR - 1 250	NAME .					5
STREET ADDRESS	1800 OLD OKEECHOB	seerd, suite 200	STREET ADDRESS					8
CITY-ST-ZIP	WEST PALM BEACH	1, FL 33409	CITY-ST-ZIP				CT - Letter	M
TITLE		Delete	TITLE			Change	Addition	5
NAME		•	NAME					l
STREET ADDRESS			STREET ADDRESS					ĺ
CITY-ST-ZIP			CITY-ST-ZIP		<u>,                                      </u>	<del></del> _		i
TITLE		Delete	TITLE	* *	+	☐ Change	Addition	1
NAME			- NAME -	- —	and the second s			1
STREET ADDRESS			STREET ADORESS					\
CITY-ST-ZIP			CITY-SI-ZIP				CT Addition	┧
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME				•	1
STREET ADDRESS	Į.		STREET ADDRESS	ļ	·			1
CITY-ST-ZIP	1		CITY-ST-ZIP				F-1	4
TITLE		☐ Delete	TITLE			Change	Addition	1
NAME			NAME	1				1
STREET ADDRESS	1	•	STREET ADDRESS	ļ .				1
CITY-ST-ZIP	· ·		CITY-ST-ZIP	<u></u>				1
TITLE	1	☐ Delete	TITLE	l ·_		☐ Change	Addition	
NAME	1		NAME	[				
STREET ADDRESS	1		STREET ADDRESS	<b>\</b>				1
CITY-ST-ZIP	1		CITY-ST-ZIP	i _				į
WI	1							

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 607, 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:

SUNTENES AND THE OR P 25 REQUIRED NTED NAME OF SIGNING OFFICER OR DIRECTOR