

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90315 019 ***150.00

DOCUMENT # P94000013177

1. Entity Name

ATTORNEYS' REAL PROPERTY COUNCIL OF PALM BEACH C

Principal Place of Business

777 SOUTH FLAGLER DRIVE
 SUITE 500 EAST
 WEST PALM BEACH FL 33401

Mailing Address

777 SOUTH FLAGLER DRIVE
 SUITE 500 EAST
 WEST PALM BEACH FL 33401

2. Principal Place of Business

230 Royal Palm Way

3. Mailing Address

230 Royal Palm Way

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Palm Beach, FL

City & State

Palm Beach FL

Zip

33480

Country

USA

Zip

33480

Country

USA

4. FEI Number

65-0468469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, ROBERT M
 777 SOUTH FLAGLER DRIVE
 SUITE 500 EAST
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Charles R. Hokenman

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

230 Royal Palm Way

Suite 300

City

Palm Beach

FL

Zip Code

33480

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

Charles R. Hokenman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DESANTIS, CONRAD J ESQ.	
STREET ADDRESS	11891 U.S. HIGHWAY 1	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DICKENSON, DAVID B ESQ.	
STREET ADDRESS	980 N FEDERAL HWY., SUITE 410	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, ROBERT M ESQ.	
STREET ADDRESS	777 SOUTH FLAGLER DR., #500	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACKAY, STEPHEN L ESQ.	
STREET ADDRESS	1300 W LANTANA RD., #202	
CITY-ST-ZIP	LANTANA FL 33465-3502	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POSNER, MICHAEL J ESQ.	
STREET ADDRESS	1555 PALM BCH LKS BL STE 1000	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAYNOR, JEFFREY S ESQ.	
STREET ADDRESS	1155 U.S. HIGHWAY 1, STE. 304	
CITY-ST-ZIP	JUNO FL 33408	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles R Hokenman	
STREET ADDRESS	230 Royal Palm Way Ste 300	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles R. Hokenman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

581 655 3090

Daytime Phone #

CR2E034 (10/00)