

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037812

1. Entity Name

PROCESS OF THE PALM BEACHES, INC.

Principal Place of Business

1732 S CONGRESS AVE  
#110  
PALM SPRINGS FL 33461

Mailing Address

1732 S CONGRESS AVE  
#110  
PALM SPRINGS FL 33461

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

NEWKIRK, THOMAS C  
415 NO O STREET  
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name THOMAS C. NEWKIRK

Street Address (P.O. Box Number is Not Acceptable)  
1732 SOUTH CONGRESS AVE.

# 110

City PALM SPRINGS, FL Zip Code 33461

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PST  
NAME NEWKIRK, THOMAS C  
STREET ADDRESS 328 BANYAN BLVD STE J  
CITY-ST-ZIP WEST PALM BEACH FL 33401 **MOVED.**

TITLE  
NAME NEWKIRK, THOMAS C  
STREET ADDRESS 1732 SO. CONGRESS AVE, #110  
CITY-ST-ZIP PALM SPRINGS, FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90039 001 \*\*\*550.00

09-12-2000 90039 002 \*\*\*\*\*8.75

20512



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0846296

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

CR2E034 (5/00)

9-6-00 (561) 719-5500