

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000070268**

1. Entity Name

PALM BEACH COUNTY BANK**FILED**
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90109 001 ***300.00

Principal Place of Business

**3717 BOYNTON BEACH BLVD
BOYNTON BEACH FL**

Mailing Address

**3717 BOYNTON BEACH BLVD
BOYNTON BEACH FL 33436-4503**

2. Principal Place of Business

3. Mailing Address

P. O. Box 3809

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach, FL

4. FEI Number

65-0940289

Applied For

Not Applied

Zip

Country

Zip

33424-3809

Country

Palm Beach5. 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

Name

Calvin L. Cearley

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

15542 Cypress Park Dr.

City

Wellington**FL**Zip Code
33414

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.

Calvin L. Cearley, Director**1/24/00**

(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, 2000 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 type="checkbox"/> Delete
NAME	RAPAPORT, PETER A	
STREET ADDRESS	1557 N OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	D	<input type="checkbox"/> Delete
NAME	RAPAPORT, JONATHAN F	
STREET ADDRESS	2701 TECUMSEH DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

TITLE	D	<input type="checkbox"/> Delete
NAME	NOREM, STORMET C	
STREET ADDRESS	2150 S OCEAN BLVD, 7-B	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBAACH, DEAN J	
STREET ADDRESS	1124 COUNTRY CLUB DR	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

TITLE	D	<input type="checkbox"/> Delete
NAME	CEARLEY, CALVIN L	
STREET ADDRESS	15542 CYPRESS PARK DR	
CITY-ST-ZIP	WELLINGTON FL 33414	

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, WILLIAM R	
STREET ADDRESS	4398 CARYOTA DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Calvin L. Cearley**1/24/00**

Date

561-742-9110

Daytime Phone #