

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90098 024 ****61.25

DOCUMENT # 721966

1. Entity Name
THE BENT PALM CLUB, INC.



Principal Place of Business
**935 OCEAN SHORE BLVD
ORMOND BEACH FL 32176**

Mailing Address
**935 OCEAN SHORE BLVD
ORMOND BEACH FL 32176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1386959**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRUNNER, KEITH C
935 OCEAN SHORE BLVD
#106
ORMOND BEACH FL 32176**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Keith C Brunner*

4-4-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **SPEAR, ROBERT**
STREET ADDRESS **6600 NEWBURGH ROAD**
CITY-ST-ZIP **EVANSVILLE IN 47715**

TITLE **P** ☐ Change ☒ Addition
NAME **Janet Novak**
STREET ADDRESS **15180 LAKE ST.**
CITY-ST-ZIP **MIDDLEFIELD OH 44062**

TITLE **VP** ☒ Delete
NAME **HATCHER, MARION**
STREET ADDRESS **908 ALBA DRIVE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **S/T** ☐ Change ☒ Addition
NAME **Carl Raschke**
STREET ADDRESS **935 OCEAN SHORE BLVD #218**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **D** ☐ Delete
NAME **DUNCAN, BUELL**
STREET ADDRESS **1200 COUNTRY LANE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☐ Change ☒ Addition
NAME **William Spinnelli**
STREET ADDRESS **1708 Briercliff Dr.**
CITY-ST-ZIP **Orlando, FL 32806**

TITLE **ST** ☐ Delete
NAME **BARRY, MARGARET**
STREET ADDRESS **30 WALBROOKE AVE.**
CITY-ST-ZIP **STATEN ISLAND NY 10301**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ADAMS, EDWIN**
STREET ADDRESS **3401 HELLTON WOOD**
CITY-ST-ZIP **COLUMBUS GA 31906**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TAFT, JOHN**
STREET ADDRESS **70 PINE HILLS DR.**
CITY-ST-ZIP **PINE CITY NY 14871**

TITLE ☐ Change ☐ Addition
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:

Janet Novak **REQUIRED NOVAIS**

4/4/03

386-441-9974

CR2E037 (10/02)