

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90292 036 ****61.25

DOCUMENT # 729930

1. Entity Name

100 CLUB OF SOUTH PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

**201 N FEDERAL HWY
 SUITE 114
 DEERFIELD BEACH FL 33441
 US**

**201 N FEDERAL HWY
 SUITE 114
 DEERFIELD BEACH FL 33441
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1756721

Applied For

Not Applicable

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

**OSBORNE, R. BRADY JR
 P O DRAWER 40
 BOCA RATON FL 33432**

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.

SIGNATURE _____

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
	T DOUGLAS, HILL O		
STREET ADDRESS	P O BOX 5010		
CITY-ST-ZIP	BOCA RATON FL		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D LINUS, JAMES J		
STREET ADDRESS	1281 BANYAN ROAD		
CITY-ST-ZIP	BOCA RATON FL		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D SICILIANO, THOMAS V		
STREET ADDRESS	980 N. FEDERAL HWY, #440		
CITY-ST-ZIP	BOCA RATON FL		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VP SMITH, BILL		
STREET ADDRESS	850 VIA CABANO		
CITY-ST-ZIP	BOCA RATON FL		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	P OSBORNE, R. BRADY		
STREET ADDRESS	P O DRAWER 40		
CITY-ST-ZIP	BOCA RATON FL		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VP MALIFANTO, GREGORY		
STREET ADDRESS	3244 N W 26 AVE		
CITY-ST-ZIP	BOCA RATON FL		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature) **DOUGLAS HILL**

Date

1-25-01

Daytime Phone #

954-420-5599

CR2E037 (10/00)