

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90033 003 \*\*\*\*61.25

**DOCUMENT # 744176**

1. Entity Name :

**PALM BEACH COUNTY DARTING ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5179 LITTLE BEAR DR N  
 BOYNTON BCH FL 33437  
 US

5179 LITTLE BEAR DR N  
 BOYNTON BCH FL 33437-1129  
 US

4 0 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Post Office Box 20023**  
 Suite, Apt. #, etc.

City & State

City & State

**West Palm Beach, FL**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

**33417**

Country

**Palm Beach**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DIANA L WARREN**  
**2302 NW 15TH WAY #641**  
**BOYNTON BCH FL 33436**

7. Name and Address of New Registered Agent

Name

**same**

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

**512 Northwest 8th Street**

City

**Boynton Beach**

**FL**

Zip Code

**33426**

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

*Diana L Warren*

(NOTE: Registered Agent signature required when reinstating)

*Feb. 8 2000*

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NUNZI MIRACOLA</b>	
STREET ADDRESS	<b>5179 LITTLE BEAR DR N</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL 33437</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SPENDIFF, WARREN</b>	
STREET ADDRESS	<b>4292 B BEECH CIR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DIANA L WARREN</b>	
STREET ADDRESS	<b>2302 NW 15TH WAY #641</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL 33436</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>TERRI COLLEY SCHWAB</b>	
STREET ADDRESS	<b>901 CRACKER STREET</b>	
CITY-ST-ZIP	<b>WEST PLM BCH FL 33413</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JUNE GREENE</b>	
STREET ADDRESS	<b>1235 12TH FAIRWAY</b>	
CITY-ST-ZIP	<b>WELLINGTON FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RALPH MCILROY</b>	
STREET ADDRESS	<b>P O BOX 17383 N/A</b>	
CITY-ST-ZIP	<b>WEST PALM BCH FL 33416</b>	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>add</b>	
STREET ADDRESS	<b>same as above</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>add</b>	
STREET ADDRESS	<b>6234 Wavcondm Way West</b>	
CITY-ST-ZIP	<b>Lake Worth, FL 33463</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP</b>	
STREET ADDRESS	<b>Marsh Greene</b>	
CITY-ST-ZIP	<b>6234 Wavcondm Way West</b>	
	<b>Lake Worth, FL 33463</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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 REQUIRED**

*Terri Colley Schwab*

**Treasurer**

**689-9578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)