

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90482 042 ****61.25

DOCUMENT # 744176

1. Entity Name
PALM BEACH COUNTY DARTING ASSOCIATION, INC.

Principal Place of Business
 5179 LITTLE BEAR DR N
 BOYNTON BCH FL 33437
 US

Mailing Address
 5179 LITTLE BEAR DR N
 BOYNTON BCH FL 33437
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
PO Box 20023
 Suite, Apt. #, etc.
 City & State
West Palm Beach, FL
 Zip
33416
 Country
USA

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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 **Terri Schwab**
 Street Address (P.O. Box Number is Not Acceptable)
901 Cracker St
 City **WPB** State **FL** Zip Code **33413**

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 *Terri Schwab* DATE **2/13/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Becky Young	
STREET ADDRESS	PO BOX 20023	
CITY-ST-ZIP	WPB FL 33415	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marsh Greene	
STREET ADDRESS	1235 12th Fairway	
CITY-ST-ZIP	Wellington FL 33463	

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 another like empowered.

SIGNATURE *Terri Schwab* DATE **3/1/01** DAYTIME PHONE # **(561) 689-9578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)