

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002045

1. Entity Name

PALM BEACH CHAPTER H.O.G., INC.

Principal Place of Business

Mailing Address

420 PARK PLACE  
W. PALM BCH FL 33403

420 PARK PLACE  
W. PALM BCH FL 33403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0992505

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

ZANE, JEFFREY P ESQ.  
4800 RIVERSIDE DR., SUITE 101  
PALM BCH GARDENS FL 33410

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

TITLE D  
NAME HARRIS, DAVE  
STREET ADDRESS 420 PARK PLACE  
CITY-ST-ZIP W. PALM BCH FL 33403 ☐ Delete

TITLE AD  
NAME MANGEL, JEFF  
STREET ADDRESS 420 PARK PLACE  
CITY-ST-ZIP W. PALM BCH FL 33403 ☒ Delete

TITLE TD  
NAME NATALE, JOHN  
STREET ADDRESS 420 PARK PLACE  
CITY-ST-ZIP W. PALM BCH FL 33403 ☐ Delete

TITLE DS  
NAME ROSSER, JUDY  
STREET ADDRESS 420 PARK PLACE  
CITY-ST-ZIP W. PALM BCH FL 33403 ☐ Delete

TITLE D  
NAME LEHMAN, MIKE  
STREET ADDRESS 420 PARK PLACE  
CITY-ST-ZIP W. PALM BCH FL 33403 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

1-18-01

Date

561-659-6808

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)