

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

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90287 016 ****61.25

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DOCUMENT # NO2000000219

1. Entity Name

PGA CORRIDOR RESIDENTS COALITION, INC.



Principal Place of Business

**1049 SHADY LAKES CIRCLE
PALM BEACH GARDENS FL 33418**

Mailing Address

**1049 SHADY LAKES CIRCLE
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

1049 SHADY LAKES CIR

Suite, Apt. #, etc.

3. Mailing Address

1049 SHADY LAKES CIR

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PALM BCH Gdns FL

Zip
33418

Country
USA

City & State
PALM BCH Gdns, FL

Zip
33418

Country
USA

4. FEI Number
74-3098821

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FIELDS, GARY D
ADMIRALTY TOWER - SUITE 700
4400 PGA BOULEVARD
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name **EILEEN TUCKER**
Street Address (P.O. Box Number is Not Acceptable)
1045 SHADY LAKES CIRCLE

City **PALM BEACH GARDENS FL** Zip Code **33418**

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 **Eileen Tucker**
EILEEN TUCKER- S17

8/3/03

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
After September 10, 2003, min will be \$236.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEFRANCESCO, VITO 1049 SHADY LAKES CIRCLE PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALEE, ADRIAN 378 KELSEY PARK DRIVE PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TUCKER, EILEEN 1045 SHADY LAKES CIRCLE PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: **Eileen Tucker**

8/3/03 561-6263100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)