

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90371 025 ****61.25

DOCUMENT # N18736

1. Entity Name

PALM BEACH COUNTY 10-13 CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1511
BOYNTON BEACH FL 33435
US

P.O. BOX 1511
BOYNTON BEACH FL 33435
US

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

65-0026394

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

ROTHSCHILD, THEODORE
650 SNUG HARBOR DR. G-402
BOYNTON BEACH FL 33435

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ROTHSCHILD, THEODORE**
CITY-ST-ZIP **650 SNUG HARBOR DR G 402**
BOYNTON BEACH FL 33435

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **DIFIGLIA, DOMINICK**
CITY-ST-ZIP **4611 VESPASIAN COURT**
LAKE WORTH FL 33463

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

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **ROBERTS, DENNIS G SR.**
CITY-ST-ZIP **921 MULBERRY ST**
LAKE WORTH FL 33461

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **LAWRENCE JONES**
CITY-ST-ZIP **15445 MEDOWOOD DRIVE**
WELLINGTON FL 33414

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **FINNIN, EUGENE**
CITY-ST-ZIP **621 E. WOOLBRIGHT RD.**
BOYNTON BEACH FL 33435

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RALPH, WILLIAM J**
CITY-ST-ZIP **400 N. FEDERAL HWY #611**
DEERFIELD BEACH FL 33441

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOONEY, WILLIAM J**
CITY-ST-ZIP **8999 INDIAN RIVER**
BOYNTON BEACH FL 33437

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

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 *Eugene Finnin* **EUGENE E FINNIN**

L/10/02 561-737-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)