

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24559

1. Entity Name

**BRILLE CLUB OF PALM BEACH COUNTY, INC.**

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90119 022 \*\*\*\*61.25

Principal Place of Business 4801 SOUTH DIXIE WEST PALM BEACH FL 33405	Mailing Address 4801 SOUTH DIXIE WEST PALM BEACH FL 33405-2928
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2484799</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SORGINI, ROBERT**  
**300 N. FEDERAL HWY.**  
**SUITE 3**  
**LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	PD	<input type="checkbox"/> Delete
NAME	DIETZ, BETTY	
STREET ADDRESS	417 BARNETT STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAUTER, RICHARD	
STREET ADDRESS	13025 MEADON BREEZE DR	
CITY-ST-ZIP	WELLINGTON FL 33409	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRESTON, ALLEN	
STREET ADDRESS	942 CHERRY RD	
CITY-ST-ZIP	W PALM BEACH FL 33409	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	VALENTINE, GERALDINE	
STREET ADDRESS	533 BEECH RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENGLISH, BETTY	
STREET ADDRESS	909 NORTH K STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRESTON, ALLEN	
STREET ADDRESS	542 CHERRY RD	
CITY-ST-ZIP	W PALM BCH FL 33409	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETZ, BETTY	
STREET ADDRESS	417 BARNETT STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUTER, RICHARD	
STREET ADDRESS	13025 MEADOW BREEZE DR	
CITY-ST-ZIP	WELLINGTON, FL 33409	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON ALLEN	
STREET ADDRESS	942 CHERRY RD	
CITY-ST-ZIP	W. PALM BEACH, FL 33409	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPMAN, TILLIE	
STREET ADDRESS	4356 BROADWAY STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLMAN, DOROTHY	
STREET ADDRESS	1500 LUCERNE AVE APT 716	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODELL, MARY	
STREET ADDRESS	805 BEECH RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

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: Allen Preston DATE: 1-12-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)