## **2001 UNIFORM BUSINESS REPORT (UBR)** May 17, 2001 8:00 am Secretary of State DOCUMENT # **N27074** 1. Entity Name 05-17-2001 90415 042 \*\*\*\*61.25 PALM BEACH AREA CHAPTER OF THE RETIRED OFFICERS Principal Place of Business Mailing Address P.O. BOX 3345 POST OFFICE BOX 3345 BOYNTON BEACH FL 33424-3345 BOYNTON BEACH FL 33424-3345 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0028198 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NIRENBERG, ALLAN 5620 BOCA DEL MAR DR #107 Zip Code **BOCA RATON FL 33433** FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE **√** Delete TITLE CUATSON. US 341 PINEWALK MAJOR CHRIS NAME KRELL, IRENE NAME DOBOX YYJI STREET ADDRESS STREET ADDRESS 5961 N W 2ND AVE @211 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** TITLE Delete TITLE CAPT, ALLAN NIKENBERG USN (PET 6520 BOCA DEL MAR DEL NAME WATSON, CHRIS NAME STREET ADDRESS PO BOX 4421 STREET ADDRESS BOCA RATON FL 33433 CITY-ST-ZÎP CITY-ST-ZIP DEERFIELD BEACH FL 33442 PEDL RICHARD WENDERG Change TITLE Delete TITI F NAME NIRENBERG, ALLAN NAME 9898 HANDON LAKE CINUS STREET ADDRESS STREET ADDRESS 6520 BOCA DEL MAR DR #10 BOYNTON BEACH CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Delete TITLE LCOL JOHANA. MIHALIC, USAGRETI) NAME LILLING, WILBUR NAME STREET ADDRESS STREET ADDRESS 7290 EMINA LANE 7772 MAJESTIC PALM DR BOCK RATON FL 33433 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** TITLE TITLE ☐ Delete LCAR TACOB ZAROUSKY UNA (RET) NAME CASSARO, ANGELO NAME LCPRYMOD -5327 SANDHURST CIRCLE NI 5327 SANDHURST CIRCLE NI 100+4 FL 33463 STREET ADDRESS STREET ADDRESS 6653 HATTARAS DR CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

BLANK, MERRY

122 FOREST HILL BOULEVARD

WEST PALM BEACH FL

NAME

STREET ADDRESS

CITY-ST-ZIP

SECRETARY PBAC-TROA

561737 84K