

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

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

59-2484799

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

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

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	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	

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 MEADON 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, LILLIE	
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	ALLMAN, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2000

Date

Daytime Phone #

CR2E037 (9/99)