

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722805

1. Entity Name

RAPALLO SOUTH, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90040 032 \*\*\*\*61.25

Principal Place of Business  
1801 S. FLAGLER DR.  
W. PALM BEACH FL 33401

Mailing Address  
1801 S. FLAGLER DR.  
W. PALM BEACH FL 33401-7349



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1440220

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NASON, GULDAN, YEAGER & GERSON  
1645 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33402

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 NAME STREET ADDRESS CITY-ST-ZIP	V SCHERTZ, PAUL 1801 S FLAGLER DRIVE WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILCOXSON, BILLY 1802 S FLAGLER DRIVE WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISANFLUH, F 1801 S FLAGLER DR WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, LOTTIE FRENCH 1801 S. FLAGLER DRIVE W. PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLMAN, TERRY 1801 S. FLAGLER DRIVE W. PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOLBERT, CHIP 1801 S. FLAGLER DR. WEST PALM BEACH FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK KITCHEN 1801 S FLAGLER DR W. PALM BCH FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOANNE RENDON 1801 S FLAGLER DR. W PALM BCH FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROL WALKER 1801 S FLAGLER DR W PALM BCH FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS KIRKBRIDE 1801 S FLAGLER DR W PALM BCH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	<input checked="" 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:

*Billy Wilcoxson, President/Trans.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/00 561 832-7581

CR2E037 (9/99)

# Rapallo South, INC.

Attachment  
A0034118  
#734711

1801 SOUTH FLAGLER DRIVE • WEST PALM BEACH, FLORIDA 33401 • (561) 832-7581 • FAX (561) 832-1226

## BOARD OF DIRECTORS

Billy Wilcoxson, President/Treas.  
Lottie Lewis, 1<sup>st</sup> V. President  
Chip Tolbert, 2<sup>nd</sup> V. President  
Carol Walker, Secretary  
Terese Perlman, Director  
Nicholas Kirkbride, Director  
Joann Rendon, Director  
Frank Kitchen, Director  
Elizabeth Flowers, Director

Addition

TITLE	D
NAME	ELIZABETH FLOWERS
ADDRESS	1801 S FLAGLER DR
CITY-ST-ZIP	W PALM BCH FL 33401