

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90359 022 \*\*\*\*61.25

**DOCUMENT # N24559**

1. Entity Name

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



Principal Place of Business

**4801 SOUTH DIXIE  
WEST PALM BEACH FL 33405**

Mailing Address

**4801 SOUTH DIXIE  
WEST PALM BEACH FL 33405**

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>2VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TITTLE, JUDSON</b>	
STREET ADDRESS	<b>920 11TH AVE NORTH</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RAUTER, RICHARD</b>	
STREET ADDRESS	<b>13025 MEADON BREEZE DR</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33409</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRESTON, ALLEN</b>	
STREET ADDRESS	<b>942 CHERRY RD</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33409</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DIETZ, BETTY</b>	
STREET ADDRESS	<b>417 BARNETT STREET</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ALLMAN, DOROTHY</b>	
STREET ADDRESS	<b>1500 LUCERNE AVE APT 716</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DIETZ, WALTER</b>	
STREET ADDRESS	<b>417 BARNETT STREET</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>1VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRIOIANO, RICK</b>	
STREET ADDRESS	<b>21 COLONIAL CLUB DR. BLD 21 APT 100</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>	
TITLE	<b>2VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MYEREDITH, SANDRA</b>	
STREET ADDRESS	<b>1708 N.E. 4TH STREET</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOWNEY, HARRIET</b>	
STREET ADDRESS	<b>615 N. C STREET</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33460</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIETZ, BETTY</b>	
STREET ADDRESS	<b>417 BARNETT STREET</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33405</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLMAN, DOROTHY</b>	
STREET ADDRESS	<b>1500 LUCERNE AVE APT 716</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33460</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ENGLISH, BETTY</b>	
STREET ADDRESS	<b>909 N. K STREET</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33460</b>	

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: **RECEIVED**

**4/18/03**

**561-588-6186**

CP2E037 (10/02)