

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707620

1. Entity Name

PALM BEACH COUNTY SHELL CLUB, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90111 005 ****61.25

Principal Place of Business

Mailing Address

C/O PHYLLIS DIEGEL
2000 N CONGRESS AVENUE, 223
WEST PALM BEACH FL 33409
US

C/O PHYLLIS DIEGEL
2000 N CONGRESS AVENUE, 223
WEST PALM BEACH FL 33409-6368
US

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

59-6136281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIEGEL, PHYLLIS
2000 N. CONGRESS AVENUE
#223
WEST PALM BEACH FL 33409

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	D	<input type="checkbox"/> Delete
NAME	POLLARD, JIM	
STREET ADDRESS	322 FIRST ST	
CITY-ST-ZIP	JUPITER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIEGEL, PHYLLIS	
STREET ADDRESS	2000 NORTH CONGRESS AVENUE, #223	
CITY-ST-ZIP	WEST-PALM-BEACH, FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROOT, JOHN	
STREET ADDRESS	503 ROSELAND DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPOZARSKY, GEORGE	
STREET ADDRESS	4641 PALLADIN ST	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPOZARSKY, LYNNE	
STREET ADDRESS	4641 PALLADIN STREET #36-S	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARSHALL, CAROLE	
STREET ADDRESS	932 COCHRAN DR	
CITY-ST-ZIP	LAKE WORTH FL 33461	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pollard, Jim	
STREET ADDRESS	322 First St.	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lois N. TARLOV	
STREET ADDRESS	88 Windsor-D	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOZARSKY, GEORGE	
STREET ADDRESS	4641 Palladin Street #36-S	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerment.

SIGNATURE: George Spozarsky **George SPOZARSKY, 1/31/2000 561-833-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)