

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # 716503

1. Entity Name

MALTESE CLUB OF GREATER MIAMI, INC

(R)

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90099 015 \*\*\*\*61.25

Principal Place of Business

13151 SILVER FOX TRAIL  
PALM BEACH GARDENS FL 33418

Mailing Address

13151 SILVER FOX TRAIL  
PALM BEACH GARDENS FL 33418-7940

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0187149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARCHESSAULT, GUY  
13151 SILVER FOX TRAIL  
PALM BEACH GARDENS FL 33418

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.

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

TITLE PD ☒ Delete  
NAME PALMER, BONNIE  
STREET ADDRESS 1001 N.W. 62 ST., #308  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VPD ☒ Delete  
NAME WATKINS, JOYCE  
STREET ADDRESS 16625 N 180TH AVE  
CITY-ST-ZIP JUPITER FL 33478

TITLE SD ☒ Delete  
NAME WAITE, BETTY JOE  
STREET ADDRESS 3131 GULFSTREAM RD  
CITY-ST-ZIP LAKE WORTH FL 33481

TITLE TD ☐ Delete  
NAME MARCHESSAULT, GUY  
STREET ADDRESS 13151 SILVER FOX TRAIL  
CITY-ST-ZIP PALM BCH GARDENS FL 33418

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SECRETARY/DIRECTOR ☐ Change ☒ Addition  
NAME DORISE HUGOHL  
STREET ADDRESS 10452 TAPT ST  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE TREASURER/DIRECTOR ☐ Change ☒ Addition  
NAME HOLLY HUGOHL  
STREET ADDRESS 10452 TAPT ST  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE VPD ☐ Change ☒ Addition  
NAME GLYNNETTE CASS  
STREET ADDRESS 4750 SW 72 AVE  
CITY-ST-ZIP DAVIE FL 33314

TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition  
NAME MARCHESSAULT, GUY  
STREET ADDRESS 13151 SILVER FOX TRAIL  
CITY-ST-ZIP PALM BCH GARDENS FL 33418

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

01/20/00

561-691-9192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)