

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

08-16-2001 90005 046 \*\*\*\*61.25

**DOCUMENT # 724312**

1. Entity Name

**BUSINESS INC. OF THE PALM BEACHES**

Principal Place of Business

625 ATLANTIC RD  
 NO PALM BEACH FL 33406

Mailing Address

625 ATLANTIC RD  
 NO PALM BEACH FL 33406

2. Principal Place of Business

11788 US #1

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 14212

Suite, Apt. #, etc.

City & State

NO PALM BEACH FL

City & State

NO PALM BEACH, FL

Zip

33408

Country

USA

Zip

33408

Country

USA

4. FEI Number

23-7347370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

VANACORE, V.J.  
 625 ATLANTIC RD  
 NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name BONITZER, ROBERT

Street Address (P.O. Box Number is Not Acceptable)

11788 US #1

City

NO PALM BEACH

FL

Zip Code

33408

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

After September 12, 2001, min. will be \$236.25

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 P  
 NAME PARIZO, BARRY  
 STREET ADDRESS 11758 LAKESHORE PL  
 CITY-ST-ZIP NP PALM BEACH FL 33408 ☐ Delete

TITLE PD  
 NAME BONITZER, ROBERT  
 STREET ADDRESS 11788 US #1  
 CITY-ST-ZIP WEST PALM BEACH FL 33408 ☐ Delete

TITLE D  
 NAME GASKILL, TANA  
 STREET ADDRESS 2618 BORVEAUX CT  
 CITY-ST-ZIP WEST PALM BEACH FL 33410 ☐ Delete

TITLE M  
 NAME VANACORE, V.J.  
 STREET ADDRESS 625 ATLANTIC RD  
 CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☒ Delete

TITLE D  
 NAME PROBST, ROBERT  
 STREET ADDRESS 7615 SE FIDDLEWOOD LA  
 CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-01 561-848-6722

CR2E037 (5/01)