

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90017 047 ****61.25

DOCUMENT # 724312

1. Entity Name

BUSINESS INC. OF THE PALM BEACHES

Principal Place of Business

Mailing Address

11788 US #1
 NORTH PALM BEACH FL 33408

PO BOX 14212
 NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7347370

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

BONITZER, ROBERT
 11788 US 1
 NORTH PALM BEACH FL 33408

Name **Tana Gaskill**

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

2610 Bordeaux Ct

City **Palm Beach Gardens FL** Zip Code **33410**

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 Tana Gaskill **TANA GASKILL**

6/11/02

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

TITLE **D** ☐ Change ☒ Addition
 NAME **ECKSTEIN, LAWELL**
 STREET ADDRESS **11780 U.S. HWY #1**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **PD** ☐ Delete
 NAME **BONITZER, ROBERT**
 STREET ADDRESS **11788 US #1**
 CITY-ST-ZIP **WEST PALM BEACH FL 334058**

TITLE **D** ☐ Change ☒ Addition
 NAME **WATSON, JOE**
 STREET ADDRESS **3345 BURNS RD #206**
 CITY-ST-ZIP **PALM BEACH GARDENS 33410**

TITLE **DP** ☐ Delete
 NAME **GASKILL, TANA**
 STREET ADDRESS **2610 BORVEAUX CT**
 CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE **PD** ☒ Change ☐ Addition
 NAME **GASKILL, TANA**
 STREET ADDRESS **2610 BORDEAUX CT**
 CITY-ST-ZIP **PALM BEACH GARDENS 33410**

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

TITLE **D** ☒ Change ☐ Addition
 NAME **BONITZER, ROBERT**
 STREET ADDRESS **11788 U.S. HWY #1**
 CITY-ST-ZIP **NORTH PALM BEACH 33408**

TITLE **P** ☐ Delete
 NAME **ALDRICH, Peter**
 STREET ADDRESS **3399 PG'A BLVD #180**
 CITY-ST-ZIP **PALM BEACH GARDENS 33410**

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

TITLE **D** ☐ Delete
 NAME **GRUENWALD, DICK**
 STREET ADDRESS **4362 NORTHLAKE BLVD #204**
 CITY-ST-ZIP **PALM BEACH GARDENS 33410**

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: Tana Gaskill **Tana Gaskill** 6/11/02 626-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)