

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90030 048 \*\*\*\*61.25

**DOCUMENT # 727638**

1. Entity Name

**ROADRUNNERS SQUARE DANCE CLUB OF THE PALM BEACHE  
 S, INC.**

Principal Place of Business

Mailing Address

1811 MONTAGUE STREET  
 LAKE WORTH FL 33461-6020  
 US

1811 MONTAGUE STREET  
 LAKE WORTH FL 33461-6020  
 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

**23-7354113**

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

**HUBBARD, KIPP**  
**1811 MONTAGUE STREET**  
**LAKE WORTH FL 33461**

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

*[Handwritten Signature]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-13-02*

**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  Delete  
 NAME **P. HUBBARD, KIPP**  
 STREET ADDRESS **1811 MONTAGUE STREET**  
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T. WAKEMAN, GEORGE**  
 STREET ADDRESS **724 SOUTH LAKE DRIVE**  
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE  Change  Addition  
 NAME **T. MC LAUGHLIN, MIKE**  
 STREET ADDRESS **515 S.W. 18TH STREET**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE  Delete  
 NAME **D. GOUGEON, KEN**  
 STREET ADDRESS **2330 LANTANA RD LOT 4B**  
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE  Change  Addition  
 NAME **D. WAKEMAN, GEORGE**  
 STREET ADDRESS **724 SOUTH LAKE DRIVE**  
 CITY-ST-ZIP **LANTANA, FL 33462**

TITLE  Delete  
 NAME **SD GORDON ESKRIDGE**  
 STREET ADDRESS **629 WEST OCEAN AVE**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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:

*[Handwritten Signature]*

*2-13-02*

*561-586-3095*

CR2E037 (9/01)