

DOCUMENT # 733868

1. Entity Name

YOUNG MEN'S PROGRESSIVE CLUB OF DELRAY BEACH NO.

Principal Place of Business

105 N.W. 11TH AVENUE
DELRAY BEACH FL 33444
US

Mailing Address

105 N.W. 11TH AVENUE
DELRAY BEACH FL 33444
US

2. Principal Place of Business

DELRAY BEACH, FL

Suite, Apt. #, etc.

3. Mailing Address

105 N.W. 11TH AVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip
33444

Country

City & State

DELRAY BEACH, FL

Zip

33444

Country

4. FEI Number

59-1729603

DO NOT WRITE IN THIS SPACE

1/16/01 90101 030 61.25

Applied For

Not Applicable

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

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROPER, JAMES F.	
STREET ADDRESS	710 SW 4 AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

TITLE	PD	<input type="checkbox"/> Delete
NAME	RANDOLPH, DAVID E	
STREET ADDRESS	105 N.W. 11TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

TITLE	TD	<input type="checkbox"/> Delete
NAME	GHOLSTON, JEROME	
STREET ADDRESS	1438 SW 2ND STREET	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

TITLE	VD	<input type="checkbox"/> Delete
NAME	STRAGHN, ALFRED	
STREET ADDRESS	26 S.W. 5TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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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 empowered.

SIGNATURE:

SIGNATURE REUSED DAVID E. RANDOLPH 01/04/01 278-7148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

1/18/01