

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90084 033 ****70.00

DOCUMENT # 734466

1. Entity Name

TRI-COUNTY BMW CLUB, INC.

Principal Place of Business

**828 HANSEN STREET
 WEST PALM BEACH FL 33405**

Mailing Address

**828 HANSEN STREET
 WEST PALM BEACH FL 33405-3550**

00003668



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2513589

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

**CAMPBELL, CLARK K.
 828 HANSEN ST
 WEST PALM BEACH FL 33405**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **S**
 STREET ADDRESS **CAMPBELL, CLARK**
 CITY-ST-ZIP **828 HANSEN STREET
 WEST PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
 STREET ADDRESS **NUGENT, BRIAN**
 CITY-ST-ZIP **9141 SOUTHERN ORCHARD RD N
 DAVIE FL 33328**

TITLE Change Addition
 NAME **T**
 STREET ADDRESS **Ellen Kocher**
 CITY-ST-ZIP **3030 TINBERLINE DR
 West Palm BEACH, FL 33466**

TITLE Delete
 NAME **P**
 STREET ADDRESS **STBNAD, BRUCE**
 CITY-ST-ZIP **224 SE 6TH AVENUE
 BOYNTON BCH FL**

TITLE Change Addition
 NAME **P**
 STREET ADDRESS **W. KEVIN HENDERLONG**
 CITY-ST-ZIP **5428 73RD Road SW 4 RA2
 Lake Worth, FL 33463**

TITLE Delete
 NAME **VPD**
 STREET ADDRESS **ROURK, WILLIAM**
 CITY-ST-ZIP **5840 MANGO RD
 WEST PALM BEACH FL 33413**

TITLE Change Addition
 NAME **VPD**
 STREET ADDRESS **RAY SMOOT**
 CITY-ST-ZIP **1001 AVOUET ROAD
 Delray Beach, FL 33444**

TITLE Delete
 NAME **VPD**
 STREET ADDRESS **CHRIST, FRED**
 CITY-ST-ZIP **701 61ST ST
 MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD**
 STREET ADDRESS **TRUEBLOOD, TODD**
 CITY-ST-ZIP **11791 SW 52 ST
 COOPER CITY FL 33330**

TITLE Change Addition
 NAME **VPD**
 STREET ADDRESS **LUIS PINON**
 CITY-ST-ZIP **13991 SW 2nd STREET
 Miami, FL 33184**

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: **CAMPBELL, CLARK K** (Signature Required)

Date: **1/10/2000** Daytime Phone #: **561-588-3154**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #