

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737151

1. Entity Name

V.R.G. MEN'S CLUB, INC.

*Duplicate*

**FILED**  
Jul 18, 2001 8:00 am  
Secretary of State

03-26-2001 90024 024 \*\*\*\*61.25

Principal Place of Business

300 NE 26TH AVE  
SUITE 412  
BOYNTON BEACH FL 33435  
US

Mailing Address

300 NE 26TH AVE  
SUITE 412  
BOYNTON BEACH FL 33435  
US

2. Principal Place of Business

*2505 NE 2nd Ct*

Suite, Apt. #, etc.

3. Mailing Address

*2515 NE 2nd Ct*

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*BOYNTON BEACH, FL*

City & State

*BOYNTON BEACH, FL*

4. FEI Number

59-1716079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STORCH, GERRY  
300 NE 26TH AVE  
SUITE 412  
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

*Brian Miller*

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

*2515 NE 2nd Court*

*BOYNTON BEACH FL*

City

FL

Zip Code

*33435*

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

*Brian H. Miller*

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HELMSTEADT, DOROTHY	
STREET ADDRESS	2600 NE 1ST LN, APT 405	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, SAMUEL	
STREET ADDRESS	2400 NE 1ST AVE, APT 216	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLOWITZ, WILLIAM J	
STREET ADDRESS	2400 NE 1ST LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STORCH, GERRY	
STREET ADDRESS	300 NE 26TH AVE, APT 412	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, BRIAN	
STREET ADDRESS	2515 NE 2ND CT, APT 112	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL STEPHAN	
STREET ADDRESS	2600 NE 1st Lane	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN LAVALGIA	
STREET ADDRESS	2515 NE 1st Court	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD LESSINGER	
STREET ADDRESS	330 NE 16 Ave	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	P	<input checked="" 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		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Brian H. Miller Pres*

*3/13*

*733 8527*