

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90011 033 \*\*\*\*61.25

**DOCUMENT # 737151**

1. Entity Name

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



Principal Place of Business

2505 NE 2ND CT  
BOYNTON BEACH FL 33435  
US

Mailing Address

2505 NE 2ND CT  
BOYNTON BEACH FL 33435  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (4/04)

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

7. Name and Address of New Registered Agent

STEPNER, ALLEN B  
2600 NE 1ST LANE, APT 117  
BOYNTON BEACH FL 33435

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Allen B. Stepner* ALLEN B. STEPNER TD

08/03/2004

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  
Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEPNER, ALLEN B	
STREET ADDRESS	2600 NE 1ST LANE APT 117	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KAPLOWITZ, WILLIAM	
STREET ADDRESS	2400 NE 1ST AVE, APT 216	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KARTEN, LYNN	
STREET ADDRESS	2620 NE 1ST COURT, APT 411	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, ROBERT	
STREET ADDRESS	130 NE 26TH AVE, APT 312	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, DIANE	
STREET ADDRESS	2600 NE 1ST LANE, APT 101	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIBENEDETTO, CARMINE	
STREET ADDRESS	2620 NE 1ST COURT, APT 416	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARTEN, LYNN	
STREET ADDRESS	2620 NE 1ST COURT, APT 411	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPNER, ALLEN B.	
STREET ADDRESS	2600 NE 1ST LANE APT 117	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONENSTEIN, FLOYD	
STREET ADDRESS	2600 NE 1ST COURT APT 201	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRET, DIANA	
STREET ADDRESS	930 N.E. 26TH AVE. APT. 114	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
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:

*Allen B. Stepner* ALLEN B. STEPNER

08/03/2004

561-734 6634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #