

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740873

1. Entity Name

PALM BEACH COUNTY SPORTS HALL OF FAME, INC.

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90484 046 \*\*\*\*61.25

0050122

Principal Place of Business Mailing Address  
% MICHAEL MACDONALD % MICHAEL MACDONALD  
2300 PALM BEACH LAKES BLVD., SUITE 217 2300 PALM BEACH LAKES BLVD., SUITE 217  
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |  |  |                |
|--------------------------------|---------|---------------------|---------|--|--|----------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number 59-2128593   |  | Applied For    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |  |  | Not Applicable |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |                |
| Zip                            | Country | Zip                 | Country |  |  |                |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                                   |  | 7. Name and Address of New Registered Agent                                    |  |
| MACDONALD, MICHAEL D.<br>1410 WESTCHESTER DRIVE NORTH<br>WEST PALM BEACH FL 33417 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MACDONALD, MICHAEL D<br>2733 SENECA CIRCLE<br>WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CERAVOLO, JOSEPH J<br>244 ORANGE GROVE ROAD<br>PALM BEACH FL 33480 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>FROST, GRAHAM<br>103 PINTAIL COURT<br>ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>EISSEY, MARK<br>725 LAGOON DRIVE<br>NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]* 3-1201568-2215  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)