

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90148 016 \*\*\*\*61.25

**DOCUMENT # 740873**

1. Entity Name

**PALM BEACH COUNTY SPORTS HALL OF FAME, INC.**



Principal Place of Business

**% MICHAEL MACDONALD**  
**2300 PALM BEACH LAKES BLVD., SUITE 217**  
**WEST PALM BEACH FL 33409**

Mailing Address

**% MICHAEL MACDONALD**  
**2300 PALM BEACH LAKES BLVD., SUITE 217**  
**WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2128593**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MACDONALD, MICHAEL D.**  
**1410 WESTCHESTER DRIVE NORTH**  
**WEST PALM BEACH FL 33417**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete  
NAME **MACDONALD, MICHAEL D**  
STREET ADDRESS **2733 SENECA CIRCLE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **PD** ☐ Delete  
NAME **CERAVOLO, JOSEPH J**  
STREET ADDRESS **244 ORANGE GROVE ROAD**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **VPD** ☐ Delete  
NAME **FROST, GRAHAM**  
STREET ADDRESS **103 PINTAIL COURT**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **SD** ☐ Delete  
NAME **EISSEY, MARK**  
STREET ADDRESS **725 LAGOON DRIVE**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* **Michael D. MacDonald** **Treasurer** **2-10-03** **561-688-2215**

CR2E037 (10/02)