

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 21, 2001 8:00 am
Secretary of State

04-26-2001 90212 020 ****61.25

DOCUMENT # 750422

1. Entity Name

BOCA RATON AREA COMMERCE POLITICAL ACTION COMMIT

Principal Place of Business

**1800 NORTH DIXIE HIGHWAY
 BOCA RATON FL 33432**

Mailing Address

**1800 NORTH DIXIE HIGHWAY
 BOCA RATON FL 33432**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3937



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1974062

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

Name

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

City

FL

Zip Code

**ARTS, M.J.
 1800 N. DIXIE HWY.
 BOCA RATON FL 33432**

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

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	VECCIA, JOSEPH	
STREET ADDRESS	1100 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NAU, JIM	
STREET ADDRESS	5200 TOWN CENTER CIR. # 500	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARTS, MIKE	
STREET ADDRESS	1800 N DIXIE HWY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRIN, J C	
STREET ADDRESS	980 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	TRAVASOS, AL	
STREET ADDRESS	2255 GLADES RD, #420A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAVASOS, AL	
STREET ADDRESS	2255 GLADES RD - #420	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	GREG CRYAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREG CRYAN	
STREET ADDRESS	1800 N. DIXIE HWY.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	GEN. COUNCIL + DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE GORA	
STREET ADDRESS	1801 N. MILITARY TRAIL, Suite 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	J.C. PERRIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J.C. PERRIN	
STREET ADDRESS	980 N. Fed. Hwy	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DR Richard Gold	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR Richard Gold	
STREET ADDRESS	21644 ST. RD 7	
CITY-ST-ZIP	BOCA RATON FL 33428	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/01

561-395-4433

CR2E037 (10/00)