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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90047 023 \*\*\*\*70.00

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1. Corporation Name

CONFRERIE DE LA CHAINE DES ROTISSEURS BAILLIAGE  
DE PALM BEACH, INC.

Principal Place of Business

800 LINCOLN SQUARE  
121 S. 13TH ST., P.O. BOX 82028  
LINCOLN NE 68501

Mailing Address

LEE B.GORDON ESO  
350 ROYAL PALM WAY 4TH FLOOR  
PALM BCH FL 33480



2. Principal Place of Business

2a. Mailing Address

26 350 ROYAL PALM WAY

3. Date Incorporated or Qualified

05/26/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Suite 403

4. FEI Number

22-3335680

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

Zip

Country

25

Zip

Country

29 33480-4308 30

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON, LEE B  
350 ROYAL PALM WAY  
PALM BEACH FL 33480

81 Name

33480-4308

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

83 350 Royal Palm Way #403

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☐ DELETE  
GORDON, ROBERT G  
STREET ADDRESS 350 ROYAL PALM WAY  
ST-ZIP PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
GORDON, SCOTT  
STREET ADDRESS 350 ROYAL PALM WAY  
ST-ZIP PALM BEACH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
BASIL, DANIELLE  
STREET ADDRESS 2062 CEZANNE ROAD  
ST-ZIP WEST PALM BEACH FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
GOLDBERG, EUGENE  
STREET ADDRESS 11796 MAIDSTONE DRIVE  
ST-ZIP WEST PALM BEACH FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
PONTON, DANIEL  
STREET ADDRESS 215 PERUVIAN AVE  
ST-ZIP PALM BCH FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
GORDON, ARLETTE  
STREET ADDRESS 980 NORTH LAKE WAY  
ST-ZIP PALM BEACH FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT G. GORDON  
Signature, typed or printed name of signing officer or director

January 7, 1999

561 833 4000  
Daytime Phone #

CR2E037 (11/98)