

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000002761

1. Entity 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
**350 ROYAL PALM WAY
SUITE 403
PALM BCH, FL 33480-4308**



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3335680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GORDON, LEE B
350 ROYAL PALM WAY #403
PALM BEACH, FL 33480-4308**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD GORDON, ROBERT G 350 ROYAL PALM WAY PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GORDON, SCOTT 350 ROYAL PALM WAY PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BASIL, DANIELLE 2062 CEZANNE ROAD WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GOLDBERG, EUGENE 11796 MAIDSTONE DRIVE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PONTON, DANIEL 215 PERUVIAN AVE PALM BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GORDON, ARLETTE 980 NORTH LAKE WAY PALM BEACH, FL

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01/10/05-80007-015 70.00

**DO NOT WRITE
IN THIS SPACE**

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: **Robert G. Gordon, President 1/04/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #