

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90434 008 \*\*\*\*70.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3335680**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PCD** ☐ Delete  
NAME **GORDON, ROBERT G**  
STREET ADDRESS **350 ROYAL PALM WAY**  
CITY-ST-ZIP **PALM BEACH FL**

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

TITLE **VD** ☐ Delete  
NAME **GORDON, SCOTT**  
STREET ADDRESS **350 ROYAL PALM WAY**  
CITY-ST-ZIP **PALM BEACH FL**

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

TITLE **VD** ☐ Delete  
NAME **BASIL, DANIELLE**  
STREET ADDRESS **2062 CEZANNE ROAD**  
CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **VD** ☐ Delete  
NAME **GOLDBERG, EUGENE**  
STREET ADDRESS **11796 MAIDSTONE DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **D** ☐ Delete  
NAME **PONTON, DANIEL**  
STREET ADDRESS **215 PERUVIAN AVE**  
CITY-ST-ZIP **PALM BCH FL**

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

TITLE **D** ☐ Delete  
NAME **GORDON, ARLETTE**  
STREET ADDRESS **980 NORTH LAKE WAY**  
CITY-ST-ZIP **PALM BEACH FL**

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 to an address with all other like empowered.

SIGNATURE: *Robert G. Gordon* **RE Robert G. Gordon**

**January 9, 2003 561**  
**833-4000**

CR2E037 (10/02)