

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005637

1. Entity Name

REPUBLICAN PARTY OF PALM BEACH COUNTY CHARITIES.

Principal Place of Business

Mailing Address

C/O FRANK DEMARIO
1399 SAILBOAT CIRCLE
WELLINGTON FL 33414

C/O FRANK DEMARIO
1399 SAILBOAT CIRCLE
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

651047862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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.

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
After September 12, 2001, min. will be \$236.25

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 PD
NAME DEMARIO, FRANK
STREET ADDRESS 1399 SAILBOAT CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

☐ Delete

TITLE DS
NAME FIELDS, PRESTON J
STREET ADDRESS 6 ALNWICK ROAD
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

☐ Delete

TITLE VD
NAME DAMICO, PAUL
STREET ADDRESS 330 LEEWARD DRIVE
CITY-ST-ZIP JUPITER FL 33477

☐ Delete

TITLE D
NAME ROCA, FRANK III
STREET ADDRESS 4 FOXFIRE CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE D
NAME MCCARTY, KEVIN
STREET ADDRESS 220 CONGRESS PARK DRIVE SUITE 240
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ Delete

TITLE T
NAME MOLINA, MIKE
STREET ADDRESS 1879 LYNTON CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

☐ Delete

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

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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:

Frank Demario

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90051 048 ****61.25



DO NOT WRITE IN THIS SPACE

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