

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90077 017 ****61.25

DOCUMENT # N00000005637

1. Entity Name

REPUBLICAN PARTY OF PALM BEACH COUNTY CHARITIES, INC.

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

00038484



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1047862

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEMARIO, FRANK
 1399 SAILBOAT CIRCLE
 WELLINGTON FL 33414

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

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

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

2/20/02 5617932318

CR2E037 (9/01)