

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90071 008 \*\*\*\*70.00

0033307

**DOCUMENT # N01000000402**

1. Entity Name

**THE IDEAL SCHOOL DAD'S CLUB, INC.**

Principal Place of Business

**400 ROYAL COMMERCE RD  
 ROYAL PALM BEACH FL 33411**

Mailing Address

**400 ROYAL COMMERCE RD  
 ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1096306**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**VALENTE, PHILIP L JR  
 1801 S AUSTRALIAN AVE, STE 201  
 W PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name

**Philip M. DiComo**

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

**One North Clematis St. Suite 400**

City

**West Palm Beach**

**FL**

Zip Code

**33401**

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

TITLE **D** ☒ Delete  
 NAME **VALENTE, PHILIP L JR**  
 STREET ADDRESS **1801 S AUSTRALIAN AVE, STE 201**  
 CITY-ST-ZIP **W PALM BEACH FL 33409**

TITLE **D** ☐ Delete  
 NAME **KLEIN, LEWIS**  
 STREET ADDRESS **2980 WARCHAM CT**  
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Delete  
 NAME **SODERMAN, KRIS**  
 STREET ADDRESS **400 ROYAL COMMERCE RD**  
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **D** ☒ Delete  
 NAME **THOMPSON, SCOTT**  
 STREET ADDRESS **14389 DRAFT HOUSE LN**  
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☒ Delete  
 NAME **GARDNER, CHUCK**  
 STREET ADDRESS **12302 SANNERWOOD LN**  
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
 NAME **President**  
 STREET ADDRESS **Timothy A. Fox**  
 CITY-ST-ZIP **33463  
 6020 Lake Worth Rd. Lake Worth FL**

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

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

TITLE ☐ Change ☒ Addition  
 NAME **D Larry Hasak**  
 STREET ADDRESS **13126 Doubletree Circle**  
 CITY-ST-ZIP **Wellington, FL 33414**

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

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)