

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90427 037 ****61.25

DOCUMENT # N01000005050

1. Entity Name

THE GREATER FLORIDA JAZZ & SWING CLUB II,
INC.



Principal Place of Business

7564 A LEXINGTON CLUB BLVD
DELRAY BEACH FL 33446

Mailing Address

7564 A LEXINGTON CLUB BLVD
DELRAY BEACH FL 33446

2. Principal Place of Business

4870 S.W. 103 Ave
Suite, Apt. #, etc.

3. Mailing Address

Box 480101
W. DELRAY BEACH

City & State

COOPER CITY FL

Zip

33328

Country

USA

City & State

FLA

Zip

33448-0101

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

65-0962701

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STERN, KURT
7564 A LEXINGTON CLUB BLVD
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name ED BURKE

Street Address (P.O. Box Number is Not Acceptable)
4871 S.W. 103 Avenue

COOPER CITY, FL 33328

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

Ed Burke
ED BURKE, Trustee-Director 04/10

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
Due By May 1, 2004

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

TITLE DT
NAME STERN, KURT
STREET ADDRESS 7564-A LEXINGTON CLUB BLVD.
CITY-ST-ZIP DELRAY BEACH FL 33446 ☒ Delete

TITLE DT
NAME BURKE, ED
STREET ADDRESS 4871 SW 103 AVENUE
CITY-ST-ZIP COOPER CITY FL 33328 ☐ Delete

TITLE DT
NAME STERN, ELEANOR
STREET ADDRESS 7564 A LEXINGTON CLUB BLVD.
CITY-ST-ZIP DELRAY BEACH FL 33446 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TRUSTEE-DIRECTOR
NAME RITA TIERNEY
STREET ADDRESS 747 No. FEDERAL Hwy D-207
CITY-ST-ZIP POMPANO BEACH, FL ☒ Change ☐ Addition

TITLE TRUSTEE-DIRECTOR
NAME PAUL H. GREENSPAN
STREET ADDRESS 3150 W.E. 7th AVE
CITY-ST-ZIP Aventura, FL 33180 ☒ Change ☐ Addition

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

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

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: Ed R Burke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04 954/434-8969

Date

Daytime Phone #