202 UNIFORM BUSINESS REPORT (UBR)

босимент # N01000005130

1. Entity Name

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		NUL	Lu	ULI	-	ш

Principal Place of Business

Mailing Address

4216-C PALM BAY CIRCLE

4216-C PALM BAY CIRCLE

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90093 040 ****61.25

WEST PALM BEACH FL 33406 W			WEST PALM BEACH FL 33406 US							
	Place of Business	3. Mailing Address Same								
Suite, Apt.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	PACE			
City & Stat	e	City & State			4. FEI Number	131130		oplied For ot Applicable		
Zip	5. Certificate of Status Desired			\$8.75 Add Fee Require						
	6. Name and Address of Curre	ent Registered Agent			7. Name and Add	fress of New Registered A	gent			
SABATINE					4 me s (P.O. Box Number is	Not Acceptable)				
	ILM BAY CIRCLE IM BEACH FL 33406		į							
				City		FL	Zip Code	e 		
8. The above	named entity submits this statemer	t for the purpose of chang	ing its registere	ed office or regis	tered agent, or both, in	the state of Florida.				
SIGNATURE .	Signature, typed or printed name of registered as	Sabting gent and title if applicable.	(NOTE: Registered	d Agent signature requ	ired when reinstating)	2-9-0. DATE	a			
	FILE NOW: FEE IS \$61.25		on Campaign Fi Fund Contributi		\$5.00 May Be Added to Fees	Make Check Departmen				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS IN	10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson David Agnolucci 3825 Paseo Navarro West Palm Beach, FL 33405		NAME STREE	โล้	Addition 9					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairperson Mike Listle 1505 N. O St. Lake Worth, FL	TITLE NAME STREE	ET ADDRESS Z	340 Cypress Dest Palm Director assandra Si 50 Gardenia	erra L Dr. =	Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Felix Sabatine 4216-C Palm Be West Palm Bea	□ Delete	NAME STREE	ET ADDRESS 19	oyal Palm rector ames Moni 154 - Lindsey- Dellington	Court	☐ Change	Addition		
TITLE NAME STREET ADDRESS	Recording Secreta Phil McCullem 1001 North Alt. A	ry Delete	TITLE NAME STREE				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS	Jupiter, FL 3 Corresponding 5 Mary Sabatine 4216-C Paim B West Palm Bea	13477 Secretary □ Dolete	TITLE NAME				☐ Change	Addition		
CITY-ST-ZIP			/	ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mikal Helle 1505 N. O St. Lake Wath, Fl	□ Delete	NAME STREE			_	☐ Change	☐ Addition		
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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:

2-9-02

561-471-9116