

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90108 020 ****61.25

DOCUMENT # N01000008902

1. Entity Name
BOCA EL GYM FUND, INC.



Principal Place of Business
**980 N FEDERAL HWY, SUITE 402
BOCA RATON FL 33432**

Mailing Address
**980 N FEDERAL HWY, SUITE 402
BOCA RATON FL 33432**

90014481



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **69-0005181**

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

**SMITH, BILL T JR
980 N FEDERAL HWY, SUITE 402
BOCA RATON FL 33432**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **JACKSON, LINDA**
STREET ADDRESS **175 NE 4TH AVE**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D** ☐ Change ☒ Addition
NAME **Patricia E. Kerr Jakubek**
STREET ADDRESS **1301 N.W. 2nd Avenue**
CITY-ST-ZIP **Delray Beach FL 33444**

TITLE **D** ☐ Delete
NAME **OWENS, ARLENE**
STREET ADDRESS **236 NW 7TH ST**
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **D** ☐ Delete
NAME **AYLWARD, CAROL**
STREET ADDRESS **5700 NW 2ND AVE, APT 302**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **D** ☐ Delete
NAME **HABER, MERLE**
STREET ADDRESS **730 COQUINA CT**
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **D** ☐ Delete
NAME **BORCHARDT, DIANE**
STREET ADDRESS **625 HERON DR**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

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

TITLE **D** ☐ Delete
NAME **AYLWARD, BILL**
STREET ADDRESS **5700 NW 2 AVE APT 302**
CITY-ST-ZIP **BOCA RATON FL 33431**

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: *Diane E. Borchardt* **DIANE E. Borchardt** 1/29/03 561-515-

CR2E037 (10/02)