

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

07-29-2003 90012 001 ***61.25
 N08240

DOCUMENT # N08240

1. Entity Name

POMPANO BEACH 5555 SOCIETY, INC.



03 AUG -1 PM 1:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

215 NE 4TH AVENUE
 PO BOX 154
 POMPANO BEACH FL 33061

Mailing Address

11 NE 17TH AVE
 C/O ROBT. BAANTLEY
 POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0028643**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SENFT, ALBERT T.
 629 SW 6TH STREET NE 21
 POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name **LAWRENCE G. MICELI, ESQ**
 Street Address (P.O. Box Number is Not Acceptable)
737 E ATLANTIC BLVD
 City **POMPANO BEACH** FL Zip Code **33060**

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

Lawrence G. Miceli

Signature typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/24/03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DRISCOLL, JOSEPH	
STREET ADDRESS	961 S CYPRESS ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LYNN, ROBERT	
STREET ADDRESS	7122 MICHIGAN ISLE RD	
CITY-ST-ZIP	LAKE WORTH FL 33487	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SENFT, ALBERT	
STREET ADDRESS	629 SW 6TH STREET NE 21	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRANTLEY, ROBERT	
STREET ADDRESS	11 NE 17TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUT, GUY	
STREET ADDRESS	313 NE 11TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, FRANK	
STREET ADDRESS	600 S. FIG TREE LANE	
CITY-ST-ZIP	PLANTATION FL 33317	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

7/24/03. 954 781 5131

Date

Daytime Phone #

CR2E037 (4/03)