

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90084 022 \*\*\*\*61.25

0038008

**DOCUMENT # N19137**

1. Entity Name

**VARIETY CLUB OF THE PALM BEACHES, INC.**

Principal Place of Business

Mailing Address

2875 S OCEAN BLVD  
 SUITE 200 7  
 PALM BEACH FL 33480  
 US

2875 S OCEAN BLVD  
 SUITE 200 7  
 PALM BEACH FL 33480  
 US

**360429**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2806086**

Applied For

Not Applicable

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

**NECTOW, HAROLD**  
**2780 OCEAN BLVD., #110**  
**PALM BEACH FL 33480**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>C</b> <b>SHAPIRO, IRVING</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2425 PRESIDENTIAL WAY 1504</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE NAME	<b>D</b> <b>KUTZ, EDITH B</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4561 OAKTREE CT</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	
TITLE NAME	<b>D</b> <b>SHULMAN, ALVIN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>17281 BRIDLEWAY TR.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE NAME	<b>P</b> <b>NECTOW, HAROLD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2780 OCEAN BLVD., #110</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE NAME	<b>D</b> <b>WILLIAM, SANDLER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3100 S OCEAN BL #N402</b>	
CITY-ST-ZIP	<b>PLM BCH FL 33480</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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

*Harold Nectow*  
**SIGNATURE HAROLD NECTOW**

**4-26-02 (561) 85-5561**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)