

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90018 010 ****61.25

DOCUMENT # N21171

1. Entity Name

BOCA RATON REPUBLICAN CLUB, INC.

Principal Place of Business

P. O. BOX 2161
 BOCA RATON FL 33427-2161

Mailing Address

P. O. BOX 2161
 BOCA RATON FL 33427-2161

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

65-0151049

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

FEAMAN, PETER M
6883 BIANCHINI CI
BOCA RATON FL 33433

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 **P** ☒ Delete
 NAME **GUINN, DOROTHY M**
 STREET ADDRESS **942 WALNUT TERRACE**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Thomas E. Sliney**
 STREET ADDRESS **1801 N. Military Trail, Suite 200**
 CITY-ST-ZIP **Boca Raton, FL 33431-1810**

TITLE **D** ☐ Delete
 NAME **FEAMAN, PETER M.**
 STREET ADDRESS **6883 BIANCHINI CR**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **D** ☐ Delete
 NAME **MORGAN, JAMES**
 STREET ADDRESS **22350 CAMEO DRIVE E**
 CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **TD** ☒ Delete
 NAME **KELTIE, ROBERT C**
 STREET ADDRESS **1124 SW 14TH ST**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Marc Kent**
 STREET ADDRESS **899 Jeffery Street #602**
 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
 NAME **Marianne R. Hynd**
 STREET ADDRESS **3375 Alba Way**
 CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
 NAME **Maxwell J. Field**
 STREET ADDRESS **2066 N. Ocean Boulevard, Apt. 2 NE**
 CITY-ST-ZIP **Boca Raton, FL 33431**

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:

Thomas E. Sliney
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

561-394-0500

Date

Daytime Phone #

CR2E037 (10/00)