2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N21171

1. Entity Name
BOCA RATON REPUBLICAN CLUB, INC.

Principal Place of Business	Mailing Address
P. O. BOX 2161 BOCA RATON, FL 33427-2161	P. O. BOX 2161 BOCA RATON, FL 33427-2161

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02252004 No Chg-NP CR2E037 (10/03)

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

FEAMAN, PETER M
700 S FEDERAL HIGHWAY
200
BOCA RATON, FL 33432

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000125472
04/22/04-80086-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FEAMAN, PETER M.
STREET ADDRESS	700 S FEDERAL HWY #200
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VPD
NAME	KENT, MARC
STREET ADDRESS	899 JEFFREY STREET 602
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	T
NAME	GOLDIN, ARNOLD S
STREET ADDRESS	5030 CHAMPION BLVD
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #