2903 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # N21171** 1. Entity Name 03 DEC -8 AM 8: 32 **BOCA RATON REPUBLICAN CLUB, INC.** SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P. O. BOX 2161 P. O. BOX 2161 BOCA RATON FL 33427-2161 BOCA RATON FL 33427-2161 2. Principal Place of Business 3. Mailing Address CHECK HERE INMARING CHANGES 3 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0151049 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FEAMAN, PETER M Street Address (P.O. Box Number is Not Acceptable) **6883 BIANCHINI CI** BOCA RATON FL 33433 Zip Code FI 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE TITLE Change □ Addition SLINEY, THOMAS E NAME 000024620670 NAME 11/13/03--01012--011 STREET ADDRESS 1801 N MILITARY TRAIL SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOGA RATON FL 33431-1810 DRES1061 ☐ Delete TITLE Addition TITLE <del>feaman, Pete</del>r M. NAME NAME STREET ADDRESS 6883 BIANCHINI-CR フラ STREET ADDRESS BOOA RATON, FL. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33433 Change -☐ Addition TITLE Delete TITLE MORGAN, JAMES NAME NAME STREET ADDRESS 22350 CAMEO DRIVE E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <del>BOCA RATON FL</del> VPD TITLE ☐ Delete Change ☐ Addition TITLE KENT, MARC NAME NAME STREET ADDRESS 899 JEFFREY STREET 602 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33487** TITLE TITLE ☐ Change Addition Delete HYND, MARIANNE R NAME NAME STREET ADDRESS STREET ADDRESS -3375 ALBA WAY CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Change Addition TITLE TITLE FIELD, MAXWELL-J NAME NAME 2066 N OCEAN BOULEVARD APT 2 NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOGAFRATON PE-83431

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 allotter like empowered.

SIGNATURE:

SIGNATURE AEGUTELLINE

10/2/03 501-393-