

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22434

1. Entity Name

EXCHANGE CLUB BOYNTON/DELRAY, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90087 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 6221  
DELRAY BEACH FL 33484  
US

P.O. BOX 6221  
DELRAY BEACH FL 33482-6221  
US

2. Principal Place of Business

3. Mailing Address

*ONLY*  
*Cafe Barista - Meetings*

*AS ABOVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0026334

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PENANSKY, ED  
825 N.W. 29TH AVE.  
DELRAY BEACH FL 33445

Name

*SAME*

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

*Ed. Penansky*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*3-1-2000*

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 ☐ Delete  
NAME D  
STREET ADDRESS COLELLA, GUY  
CITY-ST-ZIP 5277 CEDAR LN RD  
BOYNTON BCH FL 33437

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS MIKE WIGDERSON  
CITY-ST-ZIP 221 N. SEACREST CIR.  
DELRAY BEACH, FL. 33444

TITLE ☐ Delete  
NAME P  
STREET ADDRESS GULBRANDSEN, BILL  
CITY-ST-ZIP 9227 PALMINO DR  
LAKE WORTH FL 33467

TITLE ☒ Change ☐ Addition  
NAME VICE PRESIDENT  
STREET ADDRESS WILLIAM BINGHAM  
CITY-ST-ZIP 465 S.W. 2ND AVE.  
BOYNTON BEACH, FL. 33435

TITLE ☐ Delete  
NAME T  
STREET ADDRESS PENANSKY, ED  
CITY-ST-ZIP 825 N.W. 29TH AVE  
DELRAY BEACH FL 33445

TITLE ☐ Change ☐ Addition  
NAME TREASURER  
STREET ADDRESS ED. PENANSKY  
CITY-ST-ZIP ~~825 N.W. 29TH AVE.~~  
DELRAY BEACH, FL. 33445

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CONCA, RALPH  
CITY-ST-ZIP 10135 EAGLEWOOD TERRACE  
BOYNTON BEACH FL 33438

TITLE ☐ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS RALPH CONCA  
CITY-ST-ZIP 10135 EAGLEWOOD TERRACE  
BOYNTON BEACH, FL. 33436

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS WIGDERSON, MIKE  
CITY-ST-ZIP 221 N SEACREST CIR  
DELRAY BCH FL 33444

TITLE ☐ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS MARVIN GREENHUT  
CITY-ST-ZIP 8758 CHUNNEL TERRACE  
BOCA RATON, FL 33433

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GREENHUT, MARVIN  
CITY-ST-ZIP 8758 CHUNNEL TERRACE  
BOCA RATON FL 33433

TITLE ☒ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS GUY COLELLA  
CITY-ST-ZIP 124 BAREFOOT COVE  
HYPOLOUXO, FL. 33462

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:

*Ed. Penansky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-1-2000 (561) 298-2605*

Date

Daytime Phone #

CR2E037 (9/99)