

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22434

1. Entity Name

EXCHANGE CLUB BOYNTON/DELRAY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6221
CAFE BARISEA MESS
DELRAY BEACH FL 33484
US

P.O. BOX 6221
DELRAY BEACH FL 33484
US

2. Principal Place of Business

3. Mailing Address

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Edward Penansky

(NOTE: Registered Agent signature required when reinstating)

DATE

7-29-02

After September 13, 2002,
min. will be \$236.25.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BINGHAM, WILLIAM	
STREET ADDRESS	465 SW 2ND AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WIGDERSON, MIKE	
STREET ADDRESS	221 N. SEACREST CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	T	<input type="checkbox"/> Delete
NAME	PENANSKY, ED	
STREET ADDRESS	825 N.W. 29TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONCA, RALPH	
STREET ADDRESS	10135 EAGLEWOOD TERRACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WIGDERSON, MIKE	
STREET ADDRESS	221 N SEACREST CIR	
CITY-ST-ZIP	DELRAY BCH FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENHUT, MARVIN	
STREET ADDRESS	8758 CHUNNEL TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENHUT, MARVIN	
STREET ADDRESS	8758 CHUNNEL TER.	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGDERSON, MIKE	
STREET ADDRESS	221 N. SEACREST CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL. 33444	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENANSKY, EDWARD	
STREET ADDRESS	825 N.W. 29TH AVE.	
CITY-ST-ZIP	DELRAY BEACH, FL. 33445	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH CONCA	
STREET ADDRESS	10135 EAGLEWOOD TER.	
CITY-ST-ZIP	BOYNTON BEACH, FL. 33436	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYNE S, MICHAEL	
STREET ADDRESS	821 SOUTH 9TH ST.	
CITY-ST-ZIP	LANTANA, FL. 33462	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUXTON, EDWARD	
STREET ADDRESS	1675 SATIN LEAF ST.	
CITY-ST-ZIP	DELRAY BEACH, FL. 33445	

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

Signature Required

7-29-02 (66) 278-2605

FILED
Aug 01, 2002 8:00 am
Secretary of State

02-21-2002 90143 011 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (4/02)