

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 15, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # N25868**

1. Entity Name  
 BOCA RATON ROUNDTABLE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3326	P.O. BOX 3326
BOCA RATON FL 334273326	BOCA RATON FL 334273326

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0045868</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRANNON, RICHARD M. 75 SE 3RD ST BOCA RATON FL 33432 US		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 **RICHARD M. BRANNON**

**03/15/2000**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

---

**DAVID REEVES, DIRECTOR  
7000 W. PALMETTO PARK ROAD  
SUITE 302  
BOCA RATON, FLORIDA 33433**

**MARY KRIEG, DIRECTOR  
555 SOUTH FEDERAL HIGHWAY**

**BOCA RATON, FLORIDA 33432`**

**RONALD KORN, DIRECTOR  
622 BANYAN TRAIL**

**BOCA RATON, FLORIDA 33431**

**PHILLIP PY, DIRECTOR  
800 CORPORATE DRIVE - SUITE 602**

**FORT LAUDERDALE, FLORIDA 33334**

**TIM SNOW, DIRECTOR  
520 FORSYTH STREET**

**BOCA RATON, FLORIDA 33487**

**RICHARD SIMMONS, DIRECTOR  
333 W. CAMINO GARDENS BLVD. - SUITE 201**

**BOCA RATON, FLORIDA 33432**

**BETH LEWIS, DIRECTOR**

**EHLERS, JANICE, DIRECTOR  
6203 W. COMMERCIAL BLVD.**

**FORT LAUDERDALE, FLORIDA 33319**

**BERNIE MUCCI, DIRECTOR**

**BOB HILDRETH, DIRECTOR  
4301 N. OCEAN BLVD., SUITE A-1604**

**BOCA RATON, FLORIDA**