**FILED** 

03-25-2002 90117 043 \*\*\*\*61.25

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N25868**

i. Entity Name

## BOCA RATON ROUNDTABLE, INC.

Principal Place of Business		Mailing Address	<del>-</del>					
P.O. BOX 3326 BOCA RATON FL 33427-3326		P.O. BOX 3326 BOCA RATON FL 33427-33	26					
					<b>  188</b> 4     1846   1846   1846   1846   1846   1846   1846   1846   1846   1846   1846   1846   1846   1846		NL 81811 1881	
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		°E_∩∩4E0&0		plied For at Applicable	
Zip	Country	Zìp	Country	5. Certificate of S		8.75 Add		
	6. Name and Address of Current	I t Registered Agent		7. Name and Add	dress of New Registered A			
			Name					
1151110	Ann	en	Street A	Address (P.O. Box Number is	Not Acceptable)	:25		
HRAWG CORP 1801 N MILTARY TRAIL			0.10017	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 200			1				ľ	
	, TON FL 33431		City		FL	Zip Code	9	
	named entity submits this statement for	ar the purpose of changing ite	registered office s	r registered egent or both in		<u>.l</u>		
o. The above	· · · · · · · · · · · · · · · · · · ·	or the purpose of changing its	registered office d	ii registered agent, or both, ii	The state of Florida.		}	
SIGNATURE	· · · · · · · · · · · · · · · · · · ·							
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signa	ture required when reinstating)	DATE			
		0.5%	<b></b>	\$5.00 May Be	Marker Objects	Davishla		
i	FILE NOW: FEE IS \$61.25	j j			Make Check Departmen			
				Added to Fees	Doputine	o. O.u.c		
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS IN	10	
TITLE	D	☐ Delete	TITLE	j		Change	☐ Addition }	
NAME	STALLER, RICHARD DR		NAME					
STREET ADDRESS CITY-ST-ZIP	5210 LINTON BLVD., #210		STREET ADDRESS CITY-ST-ZIP	}			);	
<del></del>	DELRAY BEACH FL	(70x	<del>-</del>	VPD		□ Change	<b>XX</b> Addition	
TITLE NAME	BOLTON, JEFFEREY	<b>XX</b> elete	TITLE NAME	REEVES, DAVI 7000 W. PALM	D	☐ Change	423*(COMO))	
STREET ADDRESS	2401 NW BOCA RATON BLVD S		THEOREM					
CITY-ST-ZIP	1 210 1 1111 00011 12 11 011 0210 1	SUITE 100	STREET ADDRESS	7000 W. PALM	ETTO PARK RO	AD		
	BOCA RATON FL 33431	SUITE 100	STREET ADDRESS CITY-ST-ZIP	7000 W. PALM BOCA RATON,	ETTO PARK RO FL 33433	AD		
TITLE -	BOCA RATON FL 33431		CITY-ST-ZIP	7000 W. PALM BOCA RATON,	ETTO PARK RO	AD Change	Addition	
TITLE	<del></del>	GUITE 100	CITY-ST-ZIP	7000 W. PALM BOCA RATON,	ETTO PARK RO		Addition	
NAME STREET ADDRESS	GOBY, CHUCK D 73 SW 1ST AVE		CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	7000 W. PALM BOCA RATON,	ETTO PARK ROFL 33433		Addition	
NAME	GOBY, CHUCK D 73 SW 1ST AVE BOCA RATON FL		CITY-ST-ZIPTITLENAME	7000 W. PALM BOCA RATON,	ETTO PARK ROFL 33433		Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	GOBY, CHUCK D 73 SW 1ST AVE BOCA RATON FL TD		CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	7000 W. PALM BOCA RATON,	ETTO PARK RO		Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D. GOBY, CHUCK D 73 SW 1ST AVE BOCA RATON FL TD DUTTON, ANTHONY L	Oelete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	7000 W. PALM BOCA RATON,	ETTO PARK RO	Change	• • •	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D GOBY, CHUCK D 73 SW 1ST AVE BOCA RATON FL TD DUTTON, ANTHONY L 2000 GLADES ROAD - SUITE 40	Oelete	CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	7000 W. PALM BOCA RATON,	ETTO PARK RO FL 33433	Change	• • •	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOBY, CHUCK D 73 SW 1ST AVE BOCA RATON FL TD DUTTON, ANTHONY L 2000 GLADES ROAD - SUITE 40 BOCA RATON FL 33431	□ Delete □ Delete	CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000 W. PALM BOCA RATON,	ETTO PARK ROFL 33433	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOBY, CHUCK D 73 SW 1ST AVE BOCA RATON FL TD DUTTON, ANTHONY L 2000 GLADES ROAD - SUITE 40 BOCA RATON FL 33431 SD	Oelete	CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	7000 W. PALM BOCA RATON,	ETTO PARK ROFL 33433	Change	• • •	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOBY, CHUCK D 73 SW 1ST AVE BOCA RATON FL TD DUTTON, ANTHONY L 2000 GLADES ROAD - SUITE 40 BOCA RATON FL 33431 SD OWEN, MIKE	Delete  Delete  Delete	CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000 W. PALM BOCA RATON,	ETTO PARK ROFL 33433	Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GOBY, CHUCK D 73 SW 1ST AVE BOCA RATON FL TD DUTTON, ANTHONY L 2000 GLADES ROAD - SUITE 40 BOCA RATON FL 33431 SD OWEN, MIKE 6100 GLADES ROAD - SUITE 10	Delete  Delete  Delete	CITY-ST-ZIP  TITLE NAME STREET ADDRESS	7000 W. PALM BOCA RATON,	FL 33433	Change	Addition	

BOCA RATON FL 33431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

WOL OS

561-354-0500