

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 30607

1. Entity Name
Pompano Beach Chess Club, Inc.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90061 030 ****61.25

821671

Principal Place of Business
c/o Pete Muniz
157 SE 6th Avenue
Deerfield Beach, FL 33441

Mailing Address
c/o Pete Muniz
157 SE 6th Avenue
Deerfield Beach, FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0091946

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

Gantert, Peter
2605 East Atlantic Boulevard
Suite 208
Pompano Beach, Florida 33062

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	VD	<input type="checkbox"/> Delete
NAME	Kramer, Bill	
STREET ADDRESS	4701 NW 1st Place	
CITY-ST-ZIP	Deerfield Beach, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Zanthos, Constantine	
STREET ADDRESS	4095 Cocoplum Circle	
CITY-ST-ZIP	Coconut Creek, FL 33063	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	Mills, Bernard	
STREET ADDRESS	4039 NW 22nd Street	
CITY-ST-ZIP	Coconut Creek, FL 33066	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Pete Muniz	
STREET ADDRESS	157 SE 6th Avenue	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	Casilli, Andrew	
STREET ADDRESS	2181 NW 78 Avenue	
CITY-ST-ZIP	Margate, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 a address, with all other like empowered.

SIGNATURE:

Pete Muniz

March 3, 2000

954 725-4077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Next day Phone #

CR2E037 (9/99)