

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90117 025 \*\*\*\*61.25

**DOCUMENT # N30607**

1. Entity Name

**POMPAÑO BEACH CHESS CLUB, INC.**

Principal Place of Business

Mailing Address

**C/O PETE MUNIZ  
157 SE 6TH AVE  
DEERFIELD BEACH FL 33441**

**C/O PETE MUNIZ  
157 SE 6TH AVE  
DEERFIELD BEACH FL 33441  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0091946**

Applied For

Not Applicable

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 E. ATLANTIC BLVD  
STE 208  
POMPAÑO BEACH FL 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

**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 **VD KRAMER, BILL**  
STREET ADDRESS **4701 NW 1ST PLACE**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE ☐ Delete  
NAME **PD ZANTHOS, CONSTANTINE**  
STREET ADDRESS **4095 COCOPLUM CIR**  
CITY-ST-ZIP **COCONUT CREEK FL 33063**

☒ Change ☐ Addition  
TITLE  
NAME **Xanthos, Constantine**  
STREET ADDRESS **7080 NW 75 Street**  
CITY-ST-ZIP **Parkland, Florida 33067**

TITLE ☐ Delete  
NAME **D GANTERT, PETER**  
STREET ADDRESS **2605 EAST ATLANTIC BLVD., SUITE 208**  
CITY-ST-ZIP **POMPAÑO BEACH FL 33062**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TD MUNIZ, PETE**  
STREET ADDRESS **2790 NE AVE, APT 4**  
CITY-ST-ZIP **LIGHTHOUSE PTE FL**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **157 SE 6th Avenue  
Deerfield Beach, FL 33441**

TITLE ☐ Delete  
NAME **D LANG, JUSTUS**  
STREET ADDRESS **1321 NE 47 STREET**  
CITY-ST-ZIP **OAKLAND PARK FL 33334**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D ANDREWS, STEVEN**  
STREET ADDRESS **1721 NE 39 STREET**  
CITY-ST-ZIP **POMPAÑO BEACH FL 33064**

☐ Change ☐ Addition  
TITLE  
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 an address, with all other like empowered.

SIGNATURE: *[Signature]*

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2002

954 781-0661

Date

Daytime Phone #

CR2E037 (9/01)