

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36231

1. Entity Name

PALM BEACH COUNTY SPORTS ORGANIZING CORPORATION

Principal Place of Business

P O BOX 1362
WEST PALM BEACH FL 33402

Mailing Address

P O BOX 1362
WEST PALM BEACH FL 33402-1362

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

65-0168969

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

WILDERMUTH, CHARLES
4115 CULPEPPER CT
WEST PALM BCH FL 33409

Name Charles Wildermuth

Street Address (P.O. Box Number is Not Acceptable)

109 Cranes Roost

City Royal Palm Beach,

FL

Zip Code 33411

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 Charles E. Wildermuth

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

(NOTE: Registered Agent signature required when reinstating)

3/11/2000

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 D
NAME NUGENT, PAUL
STREET ADDRESS 631 US HWY 1 #312
CITY-ST-ZIP N PALM BEACH FL ☐ Delete

TITLE D
NAME WILDERMUTH, CHARLES
STREET ADDRESS 4115 CULPEPPER CT
CITY-ST-ZIP WEST PALM BCH FL 33409 ☐ Delete

TITLE D
NAME WILLIAMS, BOB
STREET ADDRESS 2875 EAGLE LANE
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

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

TITLE D
NAME Wildermuth, Charles
STREET ADDRESS 109 Cranes Roost
CITY-ST-ZIP Royal Palm Beach, FL 33411 ☐ Change ☐ Addition

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

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

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

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

SIGNATURE:

Charles E. Wildermuth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2000

Date

561-791-6986

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)