

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90087 006 ****61.25

DOCUMENT # N42482

1. Entity Name

THE PALM BEACH REGION #129 EARLY FORD V-8 CLUB O

Principal Place of Business

Mailing Address

P.O. BOX 12101
 LAKE PARK FL 33403

P.O. BOX 12101
 LAKE PARK FL 33403-0101

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
65-0253773

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORMAN, DAVID L.
618 U.S. HIGHWAY ONE
SUITE 303
NORTH PALM BEACH FL 33408

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 **DS** ☒ Delete
 NAME **EDWARDS, NANCY H.**
 STREET ADDRESS **2555 SUN COVE LANE**
 CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE **DS** ☒ Change ☐ Addition
 NAME **TIM SPENCER**
 STREET ADDRESS **706 MAGNOLIA DRIVE**
 CITY-ST-ZIP **LAKE PARK, FL 33403**

TITLE **DT** ☐ Delete
 NAME **HOLMES, ALFRED W**
 STREET ADDRESS **127 BLOSSOM LANE**
 CITY-ST-ZIP **PALM BEACH SHORES FL 33404**

TITLE **PD** ☒ Change ☐ Addition
 NAME **DAN CLEVINGER**
 STREET ADDRESS **7200 VENETIAN WAY**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **PD** ☒ Delete
 NAME **BREEN, JOHN M.**
 STREET ADDRESS **3243 BELLEVILLE RD**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **BOB TURNBULL**
 STREET ADDRESS **930 PATRICK DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

SIGNATURE:

ALFRED W. HOLMES 4-24-00 (561) 821-1305
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)