

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90203 018 ****61.25

DOCUMENT # N42482

1. Entity Name

THE PALM BEACH REGION #129 EARLY FORD V-8 CLUB O
F AMERICA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 12101
LAKE PARK FL 33403

P.O. BOX 12101
LAKE PARK FL 33403

2. Principal Place of Business

3. Mailing Address

P.O. Box 530101

P.O. Box 530101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Park, Florida

City & State

Lake Park, Florida

Zip

Country

33403-8901

Zip

Country

33403-8901

4. FEI Number

65-0253773

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

GORMAN, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SPENCER, TIM
706 MAGNOLIA DRIVE
LAKE PARK FL 33403 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
ADAMS, JERROLD D.
1 River Chase Terrace
Palm Beach Gardens, Fla 33418 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ELEVANGER, DAN
7200 VENETIAN WAY
WEST PALM BEACH FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CLEVANGER, DAN ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-02

561 697 9989

Date

Daytime Phone #

CR2E037 (9/01)