

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90077 042 ****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

P.O. BOX 530101

LAKE PARK FL 33403-8901

Mailing Address

P.O. BOX 530101

LAKE PARK FL 33403-8901

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Secretary (DS)** ☐ Change ☒ Addition
NAME **Nancy Edwards**
STREET ADDRESS **2555 Sun Cove Lane**
CITY-ST-ZIP **North Palm Beach, FL. 33410**

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

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

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

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

TITLE **DT**
NAME **ADAMS, JERROLD D** ☐ Delete
STREET ADDRESS **1 RIVER CHASE TERRACE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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:

Jerrold D Adams **Jerrold D Adams**

1-16-03

861-627-6949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)