2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2000 8:00 am Secretary of State **DOCUMENT # N42636** 1. Entity Name PC RAMS COMPUTER CLUB, INC. 01-21-2000 90121 043 ****61.25 Principal Place of Business Mailing Address PALM BEACH LAKES COMMUNITY HIGH SCHOOL 2919-E N. MILITARY TRAIL 3505 SHILOH DRIVE SUITE 362 0008808WEST PALM BEACH FL 33409-2916 WEST PALM BEACH FL 33407-6870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FELNumber City & State 65-0153417 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HURLEY Address (P.O. Box Number is Not Acceptable) CAMEN, VICKI 12910 BRAIRLAKE DR#C 206 PALM BEACH GARDEN FL 33418 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida HURLEY d title if applicable 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD Change ☐ Addition TITLE PD Delete TITLE NAME AL HURLEY Lene 417 Wenter Lene NAME CAMEN, VICKI STREET ADDRESS STREET ADDRESS 12910 BRAIRLAKE DR CITY-ST-ZIP Lake Park, FL 33410 CITY-ST-ZIP PLAM GARDENS FL ■ Addition Delete ☐ Change TITLE TITLE VD. BARUCH, ROBERT NAMÉ STREET ADDRESS STREET ADDRESS 575 KINGFISH RD CITY-ST-ZIP, CITY-ST-ZIP <u>North Palm Beach Fl</u> Change Addition ☐ Delete TITLE SD RONALD GERSON NAME STREET ADDRESS STREET ADDRESS 5344 WOODLAND LKS DR #124 CITY-ST-ZIP CHTY-ST-ZIP PALM BCH GDNS FL 33418 Change ☐ Addition TITLE TITLE TD Delete BARUCH CAROLYN NAME ERNEST HEIDELBERG NAME STREET ADDRESS 525 KINGFISH RD STREET ADDRESS 3770 SPRING CREST CT CITY-ST-ZIE CITY-ST-ZIP NORTH PALM BEACH, FL 33408 LAKE WORTH FL 33467 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: