

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Apr 10, 2001 8:00 am
Secretary of State

02-27-2001 90325 022 ****61.25

DOCUMENT # N42636

1. Entity Name

PC RAMS COMPUTER CLUB, INC.

Principal Place of Business

PALM BEACH LAKES COMMUNITY HIGH SCHOOL
 3505 SHILOH DRIVE
 WEST PALM BEACH FL 33407-6870

Mailing Address

2919-E N. MILITARY TRAIL
 SUITE 362
 WEST PALM BEACH FL 33409

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

65-0153417

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

HURLEY, AL
 417 WINTER LN
 WEST PALM BEACH FL 33410

Name

MARC MARTIN

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

City

State

Zip

Dr. Marc Martin
 Apt. 806
 1500 Presidential Way
 West Palm Beach FL 33401-1837

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

MARC MARTIN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEF 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

TITLE PD
 NAME HURLEY, AL
 STREET ADDRESS 417 WINTER LN
 CITY-ST-ZIP WEST PALM BEACH FL 33410 ☒ Delete

TITLE VD
 NAME BARUCH, ROBERT
 STREET ADDRESS 575 KINGFISH RD
 CITY-ST-ZIP NORTH PALM BEACH FL ☒ Delete

TITLE SD
 NAME RONALD GERSON
 STREET ADDRESS 5344 WOODLAND LKS DR #124
 CITY-ST-ZIP PALM BCH GDNS FL 33418 ☐ Delete

TITLE TD
 NAME BARUCH, CAROLYN
 STREET ADDRESS 525 KING FISH RD
 CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME Dr. Marc Martin
 STREET ADDRESS Apt. 806
 CITY-ST-ZIP 1500 Presidential Way
 West Palm Beach FL 33401-1837 ☒ Change ☐ Addition

TITLE VD
 NAME LEE GOTTLIEB
 STREET ADDRESS 113 OXFORD 200
 CITY-ST-ZIP WPB FL 33417 ☐ Change ☐ Addition

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

TITLE TD
 NAME Joan McKeel
 STREET ADDRESS 459 Lake Frances Dr.
 CITY-ST-ZIP WPB, FL 33411 ☒ 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:

JOAN MCKEEL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01

689-7989

Date

Daytime Phone #