

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

0032964

**DOCUMENT # N42636**

1. Entity Name

**PC RAMS COMPUTER CLUB, INC.**

03-24-2002 90066 022 \*\*\*\*61.25

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

4. FEI Number  
**65-0153417**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**MARTIN, MARC**  
**1500 PRESIDENTIAL WAY**  
**APT. 806**  
**WEST PALM BEACH FL 33401**

Name  
**SIDNEY FORMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**223 BRACKENWOOD TERRACE**  
 City  
**PALM BEACH GARDENS FL** Zip Code  
**33418-9081**

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.

*Sidney Forman*  
 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	PD MARTIN, MARC DR. 1500 PRESIDENTIAL WAY, APT 33401 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOTTLIES, LEE 113 OXFORD 200 WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARUCH, CAROLYN 525 KING FISH RD NORTH PALM BEACH FL 33408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKEEL, JOAN 459 LAKE FRANCES DR. WEST PALM BEACH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIDNEY FORMAN 223 BRACKENWOOD TERRACE PALM BEACH GARDENS, FL 33418-9081	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACK FIRESTONE P.O. BOX 6801 LAKE WORTH, FL 33466	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASSANDRA HULL 308 SPRING TRAIL PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Sidney Forman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-02 (561) 622-2198**  
 Date Daytime Phone #

CR2E037 (9/01)