

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90161 031 ****61.25

DOCUMENT # N93000005658

1. Entity Name

PALM LAKE SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

112 LANTANA LANE
 PARRISH FL 34219
 US

112 LANTANA LANE
 PARRISH FL 34219-9229
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0452977

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

NOVAK, LARRY
164 PALM BLVD.
PARRISH FL 34219

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

Larry Novak

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

(NOTE: Registered Agent signature required when reinstating)

01-24-2000

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	TD	<input type="checkbox"/> Delete
NAME	NOVAK, LARRY	
STREET ADDRESS	164 PALM BLVD.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	HARROUN, RICHARD	
STREET ADDRESS	101 PALM LN EAST	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOITNOTT, JOYCE	
STREET ADDRESS	159 BEGONIA TERRACE	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANGELO, ROBERT	
STREET ADDRESS	201 BOUGAINVILLEA LN	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, EDWARD	
STREET ADDRESS	332 BOUGAINVILLEA CIR	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELBY, BETTY	
STREET ADDRESS	316 BOUGAINVILLEA CIRCLE	
CITY-ST-ZIP	PARRISH FL 34219	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES R. Mcintosh	
STREET ADDRESS	134 JUNIPER TRACE	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eugene Egendorf	
STREET ADDRESS	218 Palm Blvd	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Russo	
STREET ADDRESS	239 TIGER Lilly DR	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Larry Novak
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-2000 (941) 776-1367

Date

Daytime Phone #

CR2E037 (9/99)