

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90004 011 \*\*\*\*61.25

00082990



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N96000005292**

1. Entity Name

**PALM COAST MSU ALUMNI CLUB, INC.**

*P*

Principal Place of Business

Mailing Address

**121 RAINTREE TRAIL  
 JUPITER FL 33458**

**121 RAINTREE TRAIL  
 JUPITER FL 33458**

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

**65-0704074**

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

**FLEISCHMANN, JAMES P  
 121 RAINTREE TRAIL  
 JUPITER FL 33458**

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.

**JAMES P. FLEISCHMANN**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**8/28/00**

DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

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	P	<input type="checkbox"/> Delete
NAME	FLEISCHMANN, JAMES	
STREET ADDRESS	121 RAINTREE TRAIL	
CITY-ST-ZIP	JUPITER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HORNIMAN, JACK	
STREET ADDRESS	304 GOLFVIEW RD, #403	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLARK, DEBORAH	
STREET ADDRESS	3915 S. FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHRECENGOST, FAYE	
STREET ADDRESS	9975 169TH CT.	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, KAREN	
STREET ADDRESS	44 COCOANUT ROW, #B-402	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGHFIELD, DEL	
STREET ADDRESS	5332 LAKE WORTH ROAD	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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.

**JAMES P. FLEISCHMANN**

**(561)**

SIGNATURE:

*James P. Fleischmann*

**8/28/00**

**686-2481**

CR2E037 (5/00)