

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90027 003 ****61.25

0053803

DOCUMENT # N96000005292

1. Entity Name

PALM COAST MSU ALUMNI CLUB, INC.

Principal Place of Business

121 RAINTREE TRAIL
JUPITER FL 33458

Mailing Address

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.

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 P ☐ Delete
NAME FLEISCHMANN, JAMES
STREET ADDRESS 121 RAINTREE TRAIL
CITY-ST-ZIP JUPITER FL

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

TITLE VP ☐ Delete
NAME HORNIMAN, JACK
STREET ADDRESS ~~304 GOLFVIEW RD, #400~~
CITY-ST-ZIP ~~NORTH PALM BEACH FL~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8557 S.E. COCONUT ST.
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE S ☐ Delete
NAME CLARK, DEBORAH
STREET ADDRESS ~~3015 S. FLAGLER DRIVE~~
CITY-ST-ZIP ~~WEST PALM BEACH FL~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8557 S.E. COCONUT ST.
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE T ☐ Delete
NAME SCHRECENGOST, FAYE
STREET ADDRESS 9975 169TH CT.
CITY-ST-ZIP JUPITER FL

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

TITLE D ☐ Delete
NAME TUCKER, KAREN
STREET ADDRESS 44 COCOANUT ROW, #B-402
CITY-ST-ZIP PALM BEACH FL

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

TITLE D ☐ Delete
NAME HIGHFIELD, DEL
STREET ADDRESS 5332 LAKE WORTH ROAD
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ Change ☐ 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:

James P. Fleischmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01 686-2481
Date Daytime Phone #

CR2E037 (10/00)