

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006096

1. Entity Name

PROLOGUE SOCIETY OF PALM BEACH COUNTY, INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90079 039 \*\*\*\*61.25

Principal Place of Business 301 YAMATO ROAD C/O NORTHERN TRUST BANK OF FLORIDA N.A. BOCA RATON FL 33431	Mailing Address 301 YAMATO ROAD C/O NORTHERN TRUST BANK OF FLORIDA N.A. BOCA RATON FL 33431-4917
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11780 U.S. Hwy One Suite, Apt. #, etc. C/O Northern Trust Bank City & State North Palm Beach FL Zip 33408 Country	3. Mailing Address 11780 U.S. Hwy One Suite, Apt. #, etc. C/O Northern Trust Bank City & State North Palm Beach FL Zip 33408 Country
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4. FEI Number 65-0792630	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SACHER, CHARLES P  
2655 LEJEUNE ROAD, #1101  
CORAL GABLES FL

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, LEON F 6221 N.W. 21 COURT BOCA RATON FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGAN, DOUGLAS P 301 YAMATO ROAD BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRACCI, MICHAEL J 11780 U.S. HWY. 1, BLDG. #2, STE. 100 N. PALM BEACH FL 33408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBETT, DAN 14253 U.S. HWY. 1 JUNO BEACH FL 33408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURL, DONALD W P.O. BOX 3091 (NA) BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELSHEIMER, WILLIAM 3602 S.E. COURT DR. STUART FL 34997 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 (561) 622-1600  
Date Daytime Phone #

CR2E037 (9/99)