

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90176 037 \*\*\*\*61.25

**DOCUMENT # N97000006096**

1. Entity Name

**PROLOGUE SOCIETY OF PALM BEACH COUNTY, INC.**

Principal Place of Business

Mailing Address

11780 US HWY ONE  
 C/O NORTHERN TRUST BANK  
 NORTH PALM BEACH FL 33408

11780 US HWY ONE  
 C/O NORTHERN TRUST BANK  
 NORTH PALM BEACH FL 33408

**80024364**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11301 U.S. Hwy One  
 Suite, Apt. #, etc.  
 C/O Northern Trust  
 City & State  
 North Palm Beach

3. Mailing Address

11301 U.S. Hwy One  
 Suite, Apt. #, etc.  
 C/O Northern Trust  
 City & State  
 North Palm Beach FL

4. FEI Number

65-0792630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, LEON F 6221 N.W. 21 COURT BOCA RATON FL 33496	<input checked="" 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELSHEIMER, WILLIAM 3602 S.E. COURT DR. STUART FL 34997	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gott, Seymour 13725 Le Hauve Drive Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crang, Rick II 722 S.W. Keats Ave. Palm City FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rampell, Richard 122 No. County Rd. Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Saxton, Bill 19443 Waters Curve Way Boca Raton, FL 33434	<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

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 an other like empowered.

SIGNATURE:

*Michael J. Bracci*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

Date

(561) 622-4600

Daytime Phone #

CR2E037 (9/01)