

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90530 007 ****61.25

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1. Entity Name

PROLOGUE SOCIETY OF PALM BEACH COUNTY, INC.



Principal Place of Business

**11301 U.S. HWY ONE
C/O NORTHERN TRUST BANK
NORTH PALM BEACH FL 33408**

Mailing Address

**11301 U.S. HWY ONE
C/O NORTHERN TRUST BANK
NORTH PALM BEACH FL 33408**

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 **65-0792630**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SEYMOUR, GERT**
STREET ADDRESS **13725 LE HAURE DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ Delete
NAME **REGAN, DOUGLAS P**
STREET ADDRESS **301 YAMATO ROAD**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **DST** ☐ Delete
NAME **BRACCI, MICHAEL J**
STREET ADDRESS **11780 U.S. HWY. 1, BLDG. #2, STE. 100**
CITY-ST-ZIP **N. PALM BEACH FL 33408**

TITLE **D** ☐ Delete
NAME **CORBETT, DAN**
STREET ADDRESS **14253 U.S. HWY. 1**
CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE **D** ☐ Delete
NAME **CRARY, RICK II**
STREET ADDRESS **722 S.W. KEATS AVE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Delete
NAME **RAMPELL, RICHARD**
STREET ADDRESS **122 NO. CANTY RD**
CITY-ST-ZIP **PALM BEACH FL 33480**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Gort, Seymour**
STREET ADDRESS **13725 Le Havre Drive**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

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

TITLE **DST** ☒ Change ☐ Addition
NAME **Bracci, Michael J.**
STREET ADDRESS **11301 U.S. Highway One**
CITY-ST-ZIP **North Palm Beach FL 33408**

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

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

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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Michael J. Bracci 1/23/03 (561) 622-4600

CR2E037 (10/02)