

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90050 009 ****61.25

DOCUMENT # N98000000377

1. Entity Name

EXCALIBUR CLASSIC, INC.

Principal Place of Business

Mailing Address

C/O RAYMOND E. IMPERIAL
 1515 N. FED. HWY
 BOCA RATON FL 33432

% RAYMOND E. IMPERIAL
 1515 N. FEDERAL HWY. #210 203
 BOCA RATON FL 33432

915148



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1515 North Fed. Hwy.

Suite, Apt. #, etc.

Suite 203

City & State

Boca Raton, Florida

Zip

33432

Country

USA

3. Mailing Address

1515 North Fed. Hwy.

Suite, Apt. #, etc.

Suite 203

City & State

Boca Raton, Florida

Zip

33432

Country

USA

4. FEI Number

65-0807139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**IMPERIAL, RAYMOND E
 1515 N. FEDERAL HWY, #210 203
 BOCA RATON FL 33432**

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 **PD** ☐ Delete
 NAME **IMPERIAL, RAYMOND E**
 STREET ADDRESS **1515 N. FEDERAL HWY**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VD** ☐ Delete
 NAME **PROCESECY, PAT**
 STREET ADDRESS **5901 NW 23RD. AVE.**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **STD** ☐ Delete
 NAME **AODERBAUM, DEAN**
 STREET ADDRESS **8195 NW 47TH DR.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **Pat Procacci**
 STREET ADDRESS **5901 NW 23rd Avenue**
 CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **STD** ☒ Change ☐ Addition
 NAME **Alan Applebaum**
 STREET ADDRESS **8195 NW 47th Drive**
 CITY-ST-ZIP **Coral Springs, FL 33067**

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 an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED IMPERIAL

2/1/01

561-991-9950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)