

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90219 042 ****61.25

DOCUMENT # N98000000377

1. Entity Name

EXCALIBUR CLASSIC, INC.



Principal Place of Business

**C/O RAYMOND E. IMPERIAL
1515 NORTH FED HWY SUITE 203
BOCA RATON FL 33432**

Mailing Address

**C/O RAYMOND E. IMPERIAL
1515 NORTH FED HWY SUITE 203
BOCA RATON FL 33432**

2. Principal Place of Business

1515 N. Fed. Hwy.

3. Mailing Address

1515 N. Fed. Hwy.

Suite, Apt. #, etc.

Suite 219

Suite, Apt. #, etc.

Suite 219

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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

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

TITLE **STD** ☐ Delete
NAME **APPLEBAUM, ALLEN**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

1-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)