

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90131 003 ****61.25

DOCUMENT # N98000000698

1. Entity Name

THE LIGHT CLUB, INC.

Principal Place of Business

**630 E OCEAN AVE
 BOYNTON BEACH FL 33435**

Mailing Address

**630 E OCEAN AVE
 BOYNTON BEACH FL 33435**

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

65-0816631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORAN, JAMES J
 630 E OCEAN AVE
 BOYNTON BEACH FL 33435**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**PD
 MORAN, KAREN
 630 E. OCEAN AVENUE
 BOYNTON BEACH FL 33435** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**Director
 Connie DeVault
 1004 Sioux Street
 Jupiter, FL 33458** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**VD
 MORAN, JAMES J
 630 E. OCEAN AVENUE
 BOYNTON BEACH FL 33435** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**Secretary
 Betty Blackburn
 937 Arlington Drive
 West Palm Bch., FL 33415** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**SD
 DEVALT, CONNIE
 12111 PROSPERITY FARMS ROAD
 PALM BEACH GARDENS FL 33410** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**Director
 David Donnally
 400 Jackson Ave.
 Lake Worth, FL 33463** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**T
 VACCARO, JOHN R
 1325 S. CONGRESS AVENUE
 BOYNTON BEACH FL 33426** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**Director
 Tami Donnally
 400 Jackson Ave.
 Lake Worth, FL 33463** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**D
 WELLS, JACK D
 1300 S. OLIVE AVENUE
 WEST PALM BEACH FL 33401** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**Director
 Robin Fink
 3841 Lighthouse Dr.
 Palm Bch. Gardens, FL 33410** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**Director
 Garry Williams
 5312 Northlake Blvd
 Palm Bch. Gardens, FL 33418** ☐ Change ☒ 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 all other like empowered.

SIGNATURE: *Karen Moran* (Karen Moran)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-01 561-478-8361

Date Daytime Phone #

CR2E037 (10/00)