2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90099 035 ****61.25

DOCUMENT # N98000000698

1. Entity Name

THE LIGHT CLUB, INC.

Principal Place of Business	Mailing Address
630 E OCEAN AVE BOYNTON BEACH FL 33435	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

DO NOT WRITE IN THIS SPACE

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	PD ☐ Delete	TITLE	Secretary ☐ Change ☒ Addition
NAME	MORAN, KAREN	NAME	Betty Miller
STREET ADDRESS	630 E. OCEAN AVENUE	STREET ADDRESS	937 Arlington Drive
CITY-ST-ZIP	BOYNTON BEACH FL 33435	CITY-ST-ZIP	West Palm Beach, FL 33415
TITLE	VD ☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	MORAN, JAMES J	NAME	Robin Fink
STREET ADDRESS	630 E. OCEAN AVENUE	STREET ADDRESS	798 Cotton Bay W #1414
CITY-ST-ZIP	BOYNTON BEACH FL 33435	CITY-ST-ZIP	West Palm Beach, FL 33406
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	DEVAULT, CONNIE	NAME	
STREET ADDRESS	1004 SIOUX STREET	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VACCARO, JOHN R	NAME	
STREET ADDRESS	1325 S. CONGRESS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WELLS, JACK D	NAME	
STREET ADDRESS	1300 S. OLIVE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, GARRY	NAME	
STREET ADDRESS	5312 NORTH LAKE BLVD	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	

CR2E037 (9/01)

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 SIGNATURE REQUIRED Karen Moran 1-9-02 / 561-478-8341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #