

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90034 001 ****61.25

DOCUMENT # N98000004639

1. Entity Name

THE FIRST STEP CLUB OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

**220 ROYAL PALM BEACH BLVD
 ROYAL PALM BEACH FL 33411**

**220 ROYAL PALM BEACH BLVD
 ROYAL PALM BEACH FL 33411**

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

65-0860517

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

**JACOBS, EARL
 229 LAS PALMAS STREET
 ROYAL PALM BEACH FL 33411**

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: **T** ☐ Delete
 NAME: **ADAMCIK, LINDA**
 STREET ADDRESS: **P.O. BOX 731**
 CITY-ST-ZIP: **LOXAHATCHEE FL 33470**

TITLE: **D** ☒ Delete
 NAME: **PALMER, CHIP**
 STREET ADDRESS: **2100 SPRINGDALE BLVD., #Y103**
 CITY-ST-ZIP: **PALM SPRINGS FL 33461**

TITLE: **D** ☒ Delete
 NAME: **STARR, DARLENE**
 STREET ADDRESS: **4344 MANGO BLVD.**
 CITY-ST-ZIP: **ROYAL PALM BEACH FL 33411**

TITLE: **D** ☐ Delete
 NAME: **STARR, BILL**
 STREET ADDRESS: **4344 MANGO BLVD.**
 CITY-ST-ZIP: **ROYAL PALM BEACH FL 33411**

TITLE: **P** ☐ Delete
 NAME: **ADAMCIK, ALLAN**
 STREET ADDRESS: **P.O. BOX 731**
 CITY-ST-ZIP: **LOXACATCHEE FL 33470**

TITLE: **D** ☐ Delete
 NAME: **MOHR, DIANE**
 STREET ADDRESS: **140 DOVE CIR**
 CITY-ST-ZIP: **ROYAL PALM BEACH FL 33411**

TITLE: **DIRECTOR** ☐ Change ☒ Addition
 NAME: **ROBERT POZOME**
 STREET ADDRESS: **1260 LARCH WY**
 CITY-ST-ZIP: **WELLINGTON, FL. 33414**

TITLE: **VICE PRES.** ☐ Change ☒ Addition
 NAME: **JOHN BOWER**
 STREET ADDRESS: **13660 46 CT NORTH**
 CITY-ST-ZIP: **ROYAL PALM BEACH, FL 33411**

TITLE: **DIRECTOR** ☐ Change ☒ Addition
 NAME: **RAYMOND TALLMAN**
 STREET ADDRESS: **12690 SUNSET BLVD**
 CITY-ST-ZIP: **ROYAL PALM BEACH, FL. 33411**

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

561-790-1009

Date

Daytime Phone #

CR2E037 (10/00)