

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-27-2002 90422 029 ****61.25

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

DOCUMENT # N98000004639 ✓			
1. Entity Name THE FIRST STEP CLUB OF PALM BEACH CO.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 220 ROYAL PALM BCH BLVD Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State ROYAL PALM BEACH, FL.		City & State	
Zip 33411	Country USA	Zip	Country
4. FEI Number 65-0860517		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent Name EARL JACOBS Street Address (P.O. Box Number is Not Acceptable) 229 LAS PALMAS ST City ROYAL PALM BCH FL Zip Code 33411			
DO NOT WRITE IN THIS SPACE			
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FEE IS \$8125 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT ALLAN ADAMICK D P.O. BOX 731 LOX HATCHEE, FL. 33470		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP V. PRESIDENT JOHN BROWER D 13660 46 CT NORTH ROYAL PALM BCH, FL. 33411		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP SEC EARL JACOBS D 229 LAS PALMAS ST ROYAL PALM BCH, FL. 33411		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TREAS. LINDA ADAMICK D P.O. BOX 731 LOX HATCHEE, FL. 33470		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: ALLAN ADAMICK PRES		5/1/02 561-790-1009	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

96095

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)