

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006751

1. Entity Name

PALM BEACH BUSINESS GROUP, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90037 023 \*\*\*\*70.00

Principal Place of Business

Mailing Address

350 SOUTH COUNTY ROAD  
SUITE 205  
PALM BEACH FL 33480

P.O. BOX 3142  
PALM BEACH FL 33480-1342



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

205 Worth Avenue

Suite, Apt. #, etc.

Suite 307C

City & State

Palm Beach FL

Zip

33480

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0877806

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

ROSSI, LES

~~350 SOUTH COUNTY ROAD~~

~~SUITE 205~~

~~PALM BEACH FL 33480~~

205 Worth Ave

307C

PALM BEACH FL 33480

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	<input type="checkbox"/> Delete
NAME	ROSSI, LES	
STREET ADDRESS	205 WORTH AVENUE, STE 307-C	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CORDLE, BONNIE E	
STREET ADDRESS	1515 S FLAGLER DR #1001	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, LESLIE ROBERT	
STREET ADDRESS	3 OCEAN LANE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Beall Turecamo	
STREET ADDRESS	205 Worth Ave Suite 307C	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

Les Rossi

SIGNATURE:

SIGNATURE REQUIRED Les Rossi

2/15/2000

561 655-5908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)