

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004349

1. Entity Name

PCGA CHARITABLE FOUNDATION, INC.

Principal Place of Business

806 EIGHT TERRACE
PALM BEACH GARDENS FL 33418

Mailing Address

P.O. BOX 32123
PALM BEACH GARDENS FL 33420-2123

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BELEN, TOMMY
806 EIGHT TERRACE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

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

Tommy Belen *TBel* *Sec/Tre.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-00

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

TITLE D ☐ Delete
NAME BRYANT, BOBBY
STREET ADDRESS 10334 SEAGRAPE WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ Delete
NAME FINCH, RAYMOND R III
STREET ADDRESS 2100 EMERALD DUNES DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE D ☐ Delete
NAME ARRIGO, JAMES
STREET ADDRESS 2101 OKEECHOBEE BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE D ☐ Delete
NAME ROONEY, PATRICK J JR.
STREET ADDRESS 6659 AUDUBON TRACE WEST
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE D ☐ Delete
NAME EKEY, RICHARD
STREET ADDRESS 5 GRAND BAY CIRCLE
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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.

SIGNATURE:

Signature of Tommy Belen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90079 001 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0938493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR200037 (9/99)