

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000004349**

1. Entity Name

**PBCGA CHARITABLE FOUNDATION, INC.****FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90469 047 \*\*\*\*61.25

0061225

Principal Place of Business Mailing Address  
806 EIGHT TERRACE P.O. BOX 32123  
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33420

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0938493**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

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

*T. Belen - Director**3-15-01*

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

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

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

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

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

TITLE ☐ Delete  
NAME **D 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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3-15-01 561 625-1283*

CR2E037 (10/00)